



Annual Report 2020

DAHW German Leprosy and Tuberculosis Relief Association
Information about our work



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Internationale Vereinigung
der Lepra-Hilfswerke



DEUTSCHES
NETZWERK
gegen vernachlässigte
Tropenkrankheiten
(DNTDs)

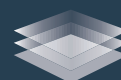
Bündnis
Entwicklung Hilft

Pract. clin. m. ...
Gemeinsam für Menschen in Not.



Das Deutsche
Zentralinstitut
für soziale
Fragen (DZI)
bescheinigt:
Ihre Spende
kommt an!

The work of DAHW (German
Leprosy and Tuberculosis
Relief Association) has been
granted the DZI seal-of-
approval to show that it
deserves your complete trust.



Initiative
Transparente
Zivilgesellschaft



Dear readers,

As a relief organization with decades of experience in controlling and fighting infectious diseases, we quickly realised the following after the outbreak of the pandemic: COVID-19 will accompany us all for a long time and massively impact the people living in countries of the Global South. Our partners on-site are also facing enormous challenges.

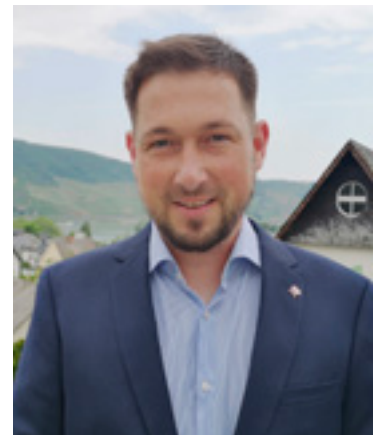
Even the healthcare systems of wealthy, industrialised nations have been brought to the brink of collapse, and the situation in the poorer countries of the world is even more volatile. The often unstable structures in these countries are unable to cope with a health crisis of such proportions. Moreover, pre-existing conditions and weakened immune systems enhance the risk of contracting COVID-19 and suffering a severe disease progression. Thus, the people in our projects who are affected by poverty-related and neglected diseases, disabilities and marginalisation are especially at risk.

Moreover, protective measures such as lockdowns, curfews, travel and contact restrictions cause existential and life-threatening distress among the weakest in society. In many countries of the Global South, the following is already becoming apparent: As a consequence of implemented protective measures, more people will die of starvation, other illnesses or even injuries than from COVID-19 itself. In our efforts to stand with the most vulnerable population groups in the DAHW projects, we provided additional funds from our reserves in March of 2020, funds that our colleagues and partners on-site are able to access at short notice for corona relief projects in accordance with the respective local conditions and most urgent needs of the people. Our corona special on page 24 provides more information on this.

Together with our colleagues, partners and networks, we are trying everything humanly possible in order to continue as many DAHW programmes and projects as possible despite the adverse circumstances we face. The commitment of all involved parties is impressive! We are also extremely grateful for the continued generosity and creative contributions from our DAHW volunteers, especially considering that people in this part of the world are also worried about their health as they also face burdensome corona-related restrictions and financial hardship.

Lived out solidarity, compassion and consideration for others are signs of hope in these trying times, which also motivates us to keep on going. The fact that the correlations of “global health” are now more relevant than ever is an encouraging development. We will take advantage of this new awareness in order to achieve even more for our project beneficiaries. Thank you for continuing to accompany us on this path.

—
Sincerely, Patrick Georg
DAHW President



Care and prevention

Parveen (on the right and in our title photo) lives in a small village in Northern Pakistan. Her brother Hassan contracted leprosy. Parveen and all her other relatives are also examined when the DAHW team comes out to see Hassan. Everyone receives a one-time dose of the antibiotic rifampicin in order to prevent the spread of leprosy.

Our mission

DAHW German Leprosy and Tuberculosis Relief Association, founded in Würzburg in 1957 as a leprosy relief organization, has made it its goal to take worldwide action against poverty-related and neglected diseases and their consequences such as disabilities and marginalisation. In 2020, we were actively involved in 23 project countries and implemented about 130 projects together with our local project organizations with a total project volume of nearly EUR 11.4 million.

We were able to achieve tremendous success especially with respect to our core mandate leprosy. An effective medication for treating leprosy was developed in the 1980s with the support of DAHW, which led to a significant reduction in case numbers. Since only one in 10,000 people worldwide is actually affected by leprosy, the WHO declared the elimination of leprosy as a public health problem (PHP).

However, the World Health Organization failed to take into account that, although leprosy case numbers were on average below this threshold in some countries, the numbers in certain subregions were still very high. An error with fatal consequences: The arduously established infrastructures for national leprosy controls were dismantled, investments in research reduced and medical training with respect to leprosy was curbed. Knowledge and awareness for the disease declined among the population while prejudice and

stigmatisation of the afflicted once again increased. For fear of marginalisation, people often seek help late in the disease progression, which again leads to more disabilities as a consequence of contracting leprosy.

New goals and a new commitment

The WHO recognised this problem and adapted its objectives with respect to leprosy: The goal is now to actually eliminate the disease, which means interrupting the chain of transmission so that not a single new case of leprosy occurs. In order to achieve this goal, activities in geographic hot-spots within countries must be intensified. In 2020, the WHO established new disease-specific goals until 2030 for each of the other so-called neglected tropical diseases (NTDs). This roadmap for combating 20 NTDs was developed with the participation of all NTD players and is supported by the WHO, national programmes and all partner organizations.

DAHW as well was involved in international consultations. Besides tuberculosis, all our current diseases within our mandate are considered NTDs. TB is also associated with poverty but not classified as a neglected disease. In light of extremely high case numbers (over 10 million new cases annually), the G8 states have joined forces to combat this pandemic.

WHO goals until 2030 for the current diseases within the DAHW mandate

Control

The goal for Buruli ulcer is to bring the occurrence and spread of the disease in endemic regions under control and reduce the most severe symptoms in new patients as e.g. osteitis by two-thirds compared to 2020 through early case detection and timely diagnoses.

Elimination as PHP

The goal for schistosomiasis (bilharzia), Chagas, lymphatic filariasis (elephantiasis) and leishmaniasis is to reduce the occurrence of these diseases so they no longer pose a public health problem (PHP) and only occur as isolated cases.

Elimination

The goal for leprosy is to eliminate (interrupt the transmission chain) or reduce the incidence of the disease (number of new infections) to zero in all endemic countries. By 2030, leprosy is to be eliminated in 120 of 196 countries of the world.

Eradication

For yaws, the goal is the global eradication of the disease by 2030 – without the risk of re-occurrence. The bacterial infection is currently only regarded as eradicated in one country. It remains endemic in 15 countries of the world.

Reduction of fatalities

A goal of the WHO's "End Tuberculosis Strategy 2015 -2035" is to reduce worldwide fatalities as a consequence of TB infections by 90 percent by 2030. TB is one of the ten most common causes of death claiming the lives of approx. 1.4 million people per year. Despite all of the global efforts to combat TB, it already became clear before the outbreak of the COVID-19 pandemic that this goal would most likely not be achieved. Experts even fear that due to corona this shockingly high number will climb even higher (see p. 27).

*–
More information on these goals is available at www.dahw.de/who-ziele*



Goal 2030 in %

 Status 2020 in %

No one is safe until everyone is safe

Global solidarity rather than unilateral efforts by individual nations – the corona pandemic has made it more apparent than ever that, in light of globalisation, population growth and climate change, the prospective challenges in healthcare can only be confronted together through political solutions.

Usually many years or even decades pass until a vaccine becomes available to combat a certain pathogen. Vaccine research for leprosy has been ongoing for 17 years while a vaccine against the SARS-CoV-2 virus was already discovered one year after the outbreak of the corona pandemic. This accomplishment was also made possible due to comprehensive collaboration across borders and specialist areas, the optimisation of procedures and evaluation processes as well as the combination of clinical trial stages and the bundling of examinations. This tremendous success shows what is possible when we counter global challenges with global concepts.

However, the same global principle used in vaccine development must also be applied to its distribution: Vaccines must be made available to all people – unilateral efforts by indi-



Photo: Judith Mathiasch

vidual nations are short-sighted. In order to contain a worldwide pandemic, it is no longer sufficient if the populations of some countries are immunised against COVID-19. In a globalised world the virus will always find a way to return, sometimes in the form of mutations (changes in the genetic sequence) since viruses are constantly evolving. Every virus and every mutation can potentially spread and turn into a pandemic through global travel.

Over the course of a global health crisis, vaccines must be produced in sufficient quantity in case a pandemic occurs. Patent protection must be suspended and as many production capacities as possible must be tapped. We must be faster than the virus! This can only be achieved when we share knowledge, bundle resources and work together as a world community. Health for all is only possible if all are healthy. In other words: “No one is safe until everyone is safe.”

—
Sincerely, Burkard Kömm
Managing Director of DAHW

Corona – A push for digitisation

Based on our experience with infectious diseases over the decades, the following was already clear to us following the outbreak of the pandemic: Now is the time to do everything we can to protect DAHW employees and project beneficiaries against the contagion and contain the spread of the novel SARS-CoV-2 virus. We implemented numerous measures in our project regions (see also p. 24). We were also active at the DAHW head office in Würzburg where we developed a comprehensive hygiene concept and, within a very short period of time, switched to a home-office approach with the help of our dedicated IT colleagues. Most of our about 50 employees were able to use the technological possibilities and IT infrastructure virtually overnight and started working from home. In some cases we had to improvise initially – hardware and software were upgraded over the course of the year. The switch to the home office was a big step as it provides a modern mobile work option for our employees going forward.

Strategic goals of DAHW



Implementation delays due to the pandemic

Every three years, we examine the achievement of the organizational goals we established in 2015 for each task field of DAHW German Leprosy and Tuberculosis Relief Association within the context of the ten-year strategy. The results are discussed intensively at the volunteer and professional management level in order to possibly adapt the overall strategy and/or individual focal points within DAHW project work. Problems arose in many areas both at home and abroad due to the corona pandemic, which set

us back in regard to the implementation of some goals. Other topics became the focal point over the course of the changed living and working environment at the DAHW head office in Würzburg as well as in the regional structures on-site. We had to keep the many influential factors in mind and promptly react to changes with respect to the initial situation so as to ensure an adequate continuation of the strategic goals and their achievement despite the on-going pandemic.

Goals	Implementation delayed	Implementation planned	Implementation successful
Empowerment of people with disabilities and their communities at the local, regional and global level in all DAHW programmes and projects			
Strengthening holistic patient-oriented medical assistance with respect to NTDs and TB at the community level			
Strengthening the resilience of especially vulnerable people in crisis contexts by linking relief, rehabilitation and development (LRRD)			
Gender-sensitive analysis and alignment of all DAHW projects			
Initiation and participation in worldwide research projects for poverty-related and neglected diseases			
Expansion of cooperation with institutional donors within the context of development cooperation and increases in externally financed DAHW programmes and projects, see p. 40			
Quality assurance of multi-year DAHW programmes and projects through systematic impact control (planning, monitoring and evaluation, PM&E), see p. 8			
Modernising the EDP environment in order to, among other things, improve data analysis and organization			
Regionalisation and decentralisation of the DAHW structure for foreign countries			
Introduction of RED AID as a campaign brand in Germany and in at least two project countries, see p. 30			
Consistent improvement of the ratio of advertising and administration expenditures to total expenditures of DAHW according to the stipulations of the German Central Institute for Social Issues (DZI), see p. 46			
Perception of DAHW as an expert on global health especially within the context of NTDs, see p. 30			



Planning & monitoring

Continuous monitoring and adjustment

Planning, monitoring and evaluating (PM&E) are important instruments in order to continuously improve the quality and impact of our project work for all involved players. DAHW is also continuously advancing its impact and knowledge management.

1

From the idea to the application

Colleagues in the project countries of DAHW submit a project idea to the responsible regional team in Würzburg. A project concept with specific goals and activities is prepared following a thorough examination and analysis of the needs and eventualities on-site. Additionally, a budget framework, an implementation plan as well as a monitoring, evaluation and reporting plan are developed.

2

PAC decides

The finalised application package is checked again and then presented to the DAHW Project Approval Commission (PAC), consisting of DAHW representatives (board, management, department management MSP and PR&FR) and external members. If the application is approved, the competent offices on-site and the regional team at the DAHW head office jointly determine the financial, legal and administrative framework conditions. Necessary agreements with partner organizations and government institutions are also concluded.

3

Provision of funds

After project accounting has created the budget structure and a bank account has been opened, the regional or programme office can request funds for the project from the regional team. Funds are accessed in stages and as needed as our projects run over the course of several years.

4

Ready, set, go

All participants come together at the project site for a celebratory kick-off event once all required authorisations have been issued and the necessary equipment for the project has been provided. DAHW employees and the partner organizations then begin their specific activities, accompanied and supported by the regional team in Würzburg.

5

Control is good, subsequent adjustment is better

The project partners document thus far accomplished activities, attained results and experiences as well as any delays and problems in annual reports. If needed, visits to the project site are conducted within the context of monitoring. Insights are promptly integrated into the project work in order to consistently increase the efficiency and impact of our activities.

6

Critical external perspective

At the midpoint of the project term, external experts for the respective specialist areas examine the progress of the project based on indicators defined in the planning phase and possibly provide recommendations for the further adjustment of activities and applied methods in order to further increase efficiency with respect to the use of funds or the quality of partner relationships.

Project evaluation



Gathering knowledge, learning from mistakes

External evaluators prepare a comprehensive examination and evaluation after the conclusion of the project. The basis for the evaluation is the so-called DAC criteria of the Development Assistance Committee (DAC): relevance, efficiency, impact, effectiveness and sustainability.

1

Comprehensive examination

Before starting the evaluation, the responsible regional team in Würzburg and the respective regional office determine the terms of reference (ToR) based on DAC criteria.

2

Independent and external

An (inter)national call for tenders is held based on the ToR in order to find a suitable person for the evaluation. This tender contains all requirements as well as the exact information with respect to locations and times. Once a suitable person has been found, planning for the journey to the respective project region begins.

3

Well prepared

The evaluator performs so-called desk research, i.e. research without independent data acquisition, based on the documentation in order to identify potential aspects that are of special interest and prepare necessary materials and tools for the evaluation as e.g. questionnaires for project beneficiaries and other participants.

4

On-site evaluation

The evaluator now travels to the project region, either alone or in a team, and familiarises him- or herself with the local conditions. A meeting is then set up with the responsible programme or project office and with employees, beneficiaries and local project partners.

5

Direct feedback

A so-called debriefing with the project employees is held in order to conclude the on-site evaluation: The evaluator reports on his or her impressions, provides any necessary clarifications and offers initial recommendations for improvement measures with respect to the quality and impact of the project.

6

Results and recommendations

A detailed evaluation report is prepared after the return journey and presented via a joint video conference to the respective regional team at the DAHW head office as well as to employees in the competent regional and programme or project office.

7

Lessons learned

Any results and recommendations are integrated in the planning of new project activities. Necessary adjustments are performed directly in case of a mid-term evaluation (evaluation at the mid-point of the project term).

—
Further information on this topic is available at www.dahw.de/Projektqualitaet

Overview of project regions

A year ago, my predecessor, Jürgen Ehrmann emphatically described how corona was already affecting our project work at the time. And over the further course of 2020, the COVID-19 pandemic and the implementation of protective measures for its containment have had unimaginable consequences for our beneficiaries and colleagues worldwide.

These consequences are as complex as they are dramatic. The health-related repercussions are the most apparent: Among the poorest, most vulnerable and most marginalised people, COVID-19 is most often fatal. These people include those suffering from leprosy, tuberculosis and other neglected diseases as well as people affected by disabilities or humanitarian catastrophes. Healthcare systems that were already weak to begin with ultimately collapsed due to the pandemic, and infected people could not be diagnosed, treated and cared for. Moreover, socio-economic disadvantages resulted as a consequence of restrictions implemented on gatherings and movement. Those affected were not able to network, and sources of income vanished.

Even our employees and those of our partners were in a state of emergency. Our greatest concern was for their safety and well-being. Together with our regional representatives, we intensively searched for ways to protect them and keep our projects going. The fact that many beneficiaries could be reached and many relief measures implemented in spite of the ongoing pandemic is a testament to their courageous dedication and extraordinary resilience.

Despite all the drama, valuable experience, insights and changes have resulted as a consequence of the crisis. “Global health” is at the top of the political agenda, and the topic has also become relevant in societies. Corona has made the world a village and connected the DAHW colleagues in Würzburg even closer with the people in our project countries.



Laure Almairac
*Head of the department
for medical-social projects*

Latin America

Total investments of DAHW 2020:
EUR 533,679.64

Project countries and mandates 2020:

Bolivia	●	●	●	●	●
Brazil	●	●	●	●	●
Columbia	●	●	●	●	●
Paraguay	●	●	●	●	●





East Africa & Arabia

Total investments of DAHW 2020:
EUR 2,256,865.48

Project countries and mandates 2020:

- Ethiopia
- Yemen
- Sudan
- South Sudan
- Tanzania
- Uganda

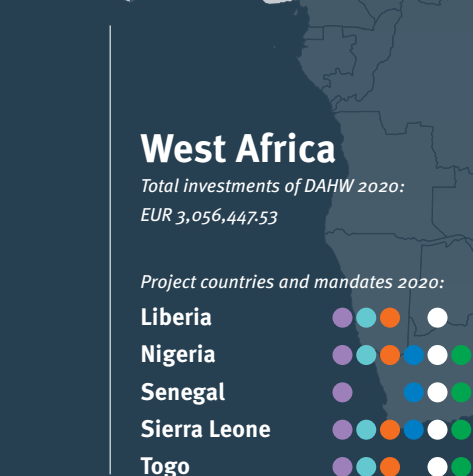


West Africa

Total investments of DAHW 2020:
EUR 3,056,447.53

Project countries and mandates 2020:

- Liberia
- Nigeria
- Senegal
- Sierra Leone
- Togo



Asia

Total investments of DAHW 2020:
EUR 2,289,199.45

Project countries and mandates 2020:

- Afghanistan
- Bangladesh
- Bhutan
- India
- Myanmar
- Nepal
- Pakistan



DAHW foreign countries structure 2020

Over the course of 60 years, we have built up and established local structures and networks in our project countries, which gives us access to population groups and remote regions that are difficult to reach. Thus, we were able to continue many programmes and projects during the corona pandemic and implement short-term relief measures.

Offices in the project countries

- DAHW regional office (Senegal: under development)
- DAHW programme or project offices
- Office of local strategic partner organizations

DAHW mandate

- Leprosy
- Tuberculosis
- Further NTDs (Buruli ulcer, Chagas, yaws, leishmaniasis, lymphatic filariasis, schistosomiasis)
- Inclusion (community-based inclusive development, CBID)
- Humanitarian aid and/or corona interventions
- Research

East Africa & Arabia

East Africa is poor and vulnerable to humanitarian crises due to armed conflicts, political unrest, economic recession and climate catastrophes. Livelihoods are being destroyed as people lose their means of existence, starve and perish. Countless masses are forced to flee or are being displaced. More than 8.3 million internally displaced persons and more than 4.6 million refugees live in the region (source: UNOCHA).

All of this was going on before corona arrived, and the conditions of these already weakened people grew from bad to worse. In 2020, beneficiaries and employees of DAHW were also severely affected by the pandemic, and some are still being impacted. By distributing food aid and hygiene materials, providing education about COVID-19 or distributing cash allowances, we ensured need and demand-oriented care for the people in our programmes through DAHW's own institutional funds. We supplied materials for infection prevention in order to strengthen the capacities of the healthcare systems and also trained healthcare workers.

The crisis situation in the region will most likely not improve in 2021. On the contrary: Elections in Ethiopia have been postponed due to corona, and political insecurity and violence in Sudan and South Sudan, Somalia and Yemen could further increase the need for humanitarian relief. The impacts of COVID-19 will accompany us for many years. We support the programme and project offices in East Africa with the development of crisis management strategies as well as with corona-compliant adjustments of project measures in order to reach our beneficiaries and preserve access to suitable healthcare and life-saving humanitarian services as well as promote inclusion for the marginalised people in the DAHW projects. We mobilise financial means, initiate new partnerships and provide technical support.



Ahmed Mohammed
Head of the East African
regional office in Addis Ababa



Dr. Saskia Kreibich
Head of the East African
regional team in Würzburg



Uganda

Project example



Project duration:
01.09.2018 - 30.09.2022

Project location:
Maracha District and
the West Nile region in Uganda

Project beneficiaries:
People with disabilities
and their communities

Partners:
St. Joseph's Hospital Maracha,
UCMB (Uganda Catholic Medical
Bureau)

Supported by:
German Society for International
Cooperation (GIZ)

Investments in 2020:
EUR 13,673.51

Photo: Lisa Gerwing



Within the context of our GIZ-supported clinical partnership with St. Joseph's Hospital in Uganda, we realised a project in the extremely impoverished Maracha District from 2018 to 2020 in order to support people with disabilities with a focus on physical healthcare needs. After just a few weeks, we were able to start a second project phase based on the success of our measures and round out our holistic approach with the establishment of local capacities for the psychological rehabilitation of affected persons.

We are using a two-step multiplier approach in order to improve basic healthcare in the communities: We specifically train nurses in the prevention, early detection and treatment of disabilities who then in turn train so-called Village Health Teams (VHT). These teams provide primary medical care, education and mobility assistance for affected people directly within villages from locally available materials. Despite corona-related restrictions at the end of the first project phase, VHTs managed to visit approx. 14,950 community members as well as identify and provide assistive equipment for 996 persons with disabilities.

Nearly 20 percent of those affected were transferred to specialist clinics for complex healthcare services.

Both project phases elucidated the value of functional, community-oriented healthcare. Community structures were anchored within the healthcare system, and the integration of people with disabilities was sustainably promoted in local and national healthcare programmes. In this way the people received adequate access to healthcare services.



Donate now

Donation example: **EUR 700** is the cost of a one-week training course in the primary care of people with disabilities for five VHTs (Village Health Teams), see note on p. 49.
www.dahw.de/spenden

Ethiopia

Project example



Project duration:
01.09.2017 - 31.03.2021

Project location:
Oromia, Amhara, Sidama and the Southern Nations, Nationalities, and People's Region (SNNP) in Ethiopia

Project beneficiaries:
Inmates and employees of 35 prisons

Partners:
AHRI/APOPO, GLRA, Ministry of Health and Prison Administration

Supported by:
Elton John AIDS Foundation

Investments in 2020:
EUR 81,011.76



Photo: Temesgen Woyessa

Ethiopia is one of 30 countries worldwide that is most affected by tuberculosis, multi-resistant TB and HIV. A prison study performed by DAHW and AHRI/APOPO in 2019 revealed that infections are presumably three to four times higher among prison inmates and personnel than among the general population. Prisons are often overcrowded and poorly ventilated; diseases are frequently diagnosed too late due to a lack of capacities or treated inadequately, and patients are often moved, making it especially hard to break the cycle of transmission. Additionally, HIV infections and malnutrition lead to a weakened immune system, thereby additionally promoting TB infections.

As one of the few relief organizations in the country that is permitted to work inside prisons, DAHW performed TB and TB-HIV entry and exit examinations, screenings for out-patients as well as annual mass screenings for all inmates and the prison staff in the health institutions of 35 prisons. We provided the necessary medical equipment and trained healthcare personnel in the prevention and treatment of both illnesses – TB and HIV. Over the course of the pandemic, we supplied protective equipment to institutions and supported prevention and control measures.

The project once again demonstrated how necessary access to qualitatively adequate TB diagnostics services is for early detection, treatment and prevention of TB and TB/HIV in order to disrupt the deadly cycle of disease and transmission, especially in confined and overcrowded prisons. In another project we are linking the internal health stations in prisons with those of the public healthcare system in Ethiopia.



Donate now

Donation example: Tuberculosis screening and diagnosis for 5 people costs **EUR 50**, e.g. for prison inmates and personnel (see note on p. 49). www.dahw.de/spenden



West Africa

Extreme poverty, climate change, oppression, chronic malnutrition and food insecurity continue to contribute to West Africa's extreme vulnerability. Human rights violations and violence due to terrorism, maritime piracy, trafficking of humans, weapons and drugs as well as the illegal exploitation of natural resources threaten the lives and livelihoods of millions of people, forcing them to flee. A massive food crisis is looming in many countries. Moreover, social cohesion is being undermined. Women and girls are at a high risk of exposure to sexual and gender-based violence.

At the same time, access to humanitarian relief organizations remains restricted. The situation in West Africa has been further exasperated by the COVID-19 pandemic. The pandemic has led to the worst recession on the African continent in more than half a century. Nonetheless, the African Development Bank (AfDB) remains optimistic that the economy will rebound due to the effective use of COVID-19 vaccines, the rescinding of pandemic-related restrictions, recovery in the tourism sector, a rise in raw material prices, the implementation of the African Continental Free Trade Agreement and continued structural change. However, the risk of recurring COVID-19 cases, over-indebtedness, volatile financial markets, extreme weather events and social tensions cloud this optimism.

Over the course of the crisis, DAHW teams in the programme and project offices were forced to seek out new paths in order to implement programmes and projects in light of existing restrictions. In the coming years, we will profit from mobile technologies and digital platforms that will alleviate the exchange of information among colleagues, the reporting of activities and the support of healthcare personnel and beneficiaries.



Roméo Essou
Head of the West African regional office in Dakar



Sahayarani Antony
Head of the West African regional team in Würzburg

Nigeria

Project example



Project duration:
01.01.2018 - 31.12.2020

Project location:
11 states in Southern Nigeria

Project beneficiaries:
Persons affected by leprosy,
NTDs and tuberculosis

Partners:
National TB and Leprosy Control
Programme (NTBLCP), national
Ministry of Health (Dept. NTDs)

Supported by:
Hilfswerk der deutschen Zahnärzte
[Relief Organization of German
Dentists]

Investments in 2020:
EUR 476,360.77



Photo: Nchekewube Nduburu

Nigeria is among the countries that had already declared the elimination of leprosy decades ago (in 1998). However, more than 2,000 new cases are still being reported every year in the country. The healthcare system is weak and the population poor, which is why the disease often remains untreated as long as it is not life-threatening (despite the risk of potential long-term effects). In spite of these conditions, the National Tuberculosis, Buruli ulcer and Leprosy Control Programme (NTBLCP) remains somewhat stable. Yet, affected persons still wait too long before they seek medical help as false causes are assumed for the disease due to a lack of medical knowledge. In our integrated project, we are therefore focussing on optimised case detection, improved case

management, prevention of impairments and disabilities and increased post-therapy monitoring of patients (POST-MDT monitoring).

Through active case detection within the context of mobile skin clinics (“Skin Camps”), 1,406 new leprosy patients could be diagnosed and treated and contact persons identified. Volunteer healthcare assistants educated affected persons about the treatment process, possible reactions to medication or occurring sores in order to prevent treatment terminations and also provided cortisone (prednisolone) in order to reduce side effects. Patients received free resources, special shoes and prostheses or surgical rehabilitation surgeries as needed.

We strengthened the NTBLCP by providing training and further training for healthcare personnel and programme managers at the state and federal level and closed gaps in the fight against TB and NTDs. In close cooperation with long-standing and new partners, networks and alliances, we have plotted a course that will allow us to get control of leprosy in Nigeria one day.



Donate now

Donation example: **176 Euro** is the cost of organising a mobile skin clinic in a community or school in order to detect leprosy cases through serial health screenings (see note on p. 49). www.dahw.de/spenden

Senegal

Project example



Project duration:
01.01.2018 - 31.12.2020

Project location:
Rural communities and
leprosy villages in Senegal

Project beneficiaries:
Persons affected by disabilities
and/or leprosy

Partners:
Action Damien
(Damien Foundation),
DGAS (Ministry of Health)

Investments in 2020:
EUR 195,663.28

Photo: Sahajarami Antony



In addition to medical care and treatment for disabled persons, the concept of community-based inclusive rehabilitation (CBID) strives for equal rights, greater social participation and education of affected people, their environment and communities through collective action.

In Senegal, we are implementing a versatile CBID project for persons affected by neglected tropical diseases (NTDs) such as leprosy and/or disabilities. The measures include the establishment of self-representation organizations (disabled persons organizations, DPO), a partner network for combating NTDs and independent community databases for patients. Persons affected by disabilities received resources and prostheses, and others affected by leprosy, leishmaniasis or trachoma were given access to consultation and early detection examinations.

Hygienic practices were conveyed in schools and households, and sanitary stations and wells were built. In order to strengthen individual skills and the independence of people with disabilities, project beneficiaries received

training and initial financial aid from inclusive solidarity funds so that these people could build up an independent income through soap-making and small-scale gardening. The funds were established with the savings of women in the community.

The project brought a generation of new players to the fore who will maintain the achievements long-term and establish an inclusive government. It was demonstrated that participation of endangered groups can overcome sociological coercion and barriers and that women play an increasingly larger role in promoting and defending the human rights of people with disabilities.



Donate now

Donation example: The cost of building barrier-free toilet facilities for people with disabilities amounts to EUR 1,200, e.g. at a school (see note on p. 49).

www.dahw.de/spenden

Asia

The corona crisis has had far-reaching consequences on the political, social and economic stability in all Asiatic project countries of DAHW. In close coordination with the regional office in Delhi and the regional team in Würzburg, we are none-theless fully committed to realising our project activities – partially in adapted form – as we concurrently react to the most urgent needs of our beneficiaries. Our teams distribute food and safety equipment, raise awareness for COVID-19 and ensure a gapless supply of tuberculosis and leprosy medications.

In India, the situation has dramatically deteriorated due to further drastic lockdowns and the collapse of the healthcare system as a consequence of the second corona wave. Millions of people, among these especially the groups that fall within our mandate, have lost their work and are experiencing food insecurity. Together with our partners we have supported the beneficiaries of DAHW as best as possible. However, 40 percent less cases of leprosy and tuberculosis have been detected in all of Asia, which is very concerning – the consequences for those affected are often fatal (see p. 28).

Government support was late and insufficient in all project regions. The governments' inability to effectively react to the pandemic resulted in many people taking to the streets. At the same time, crime especially against the most vulnerable groups among the population increased. For example, violent incidents against disabled persons were reported in Bhutan. Due to the ongoing unstable political situation in Myanmar and Afghanistan, the people urgently need humanitarian emergency relief.

Yet, we are not giving up! Together we will spare no effort and continue to take on these enormous challenges for the well-being of our beneficiaries.



Dr. Vivek Srivastava
Head of the Asian regional
office in Delhi



Juliane Meißner-Matz
Head of the Asian regional
team in Würzburg



Bangladesh

Project example



Project duration:
01.07.2020 - 31.12.2020

Project location:
Kutupalong Refugee Camp
in Cox's Bazaar in Bangladesh

Project beneficiaries:
616 Rohingya refugees
with disabilities

Partners:
Disabled Rehabilitation
and Research Association
(DRRA)

Supported by:
Association Development
Works (BEH)

Investments in 2020:
EUR 19,672.95

Photo: Umar Gul



The Kutupalong Refugee Camp in the Cox's Bazaar district in Bangladesh is the largest camp of its kind in the world. Over 600,000 people live in this settlement, often under catastrophic conditions, among these many Rohingya who fled to Bangladesh in order to escape discrimination, marginalisation and brutal violence in Myanmar. Residents lack sanitary installations, food and medical care. Although non-government organizations are providing assistance, these efforts often do not reach the disabled. In order to give the Rohingya access to healthcare and integrate them in the community, we implemented a six-month health and inclusion project with our local partner DRRA.

People with disabilities were recorded, examined and treated at more than 40 temporary "health stations". 47 persons, among these children, were equipped with urgently needed resources such as wheelchairs or walking aids, and other pre-existing equipment was adjusted. We organised special screening camps for diagnosing eye diseases. 300 patients with cataracts were referred to specialists, and we took over the cost of 30 surgeries.

Over the course of the education work for which we used information material with images in order to overcome language barriers, we also performed special training sessions for so-called majhees – community leaders – who act as a connecting link between government representatives, humanitarian agents and the community. We provided information to the majhees regarding possible disabilities and proper healthcare measures. Moreover, we raised awareness among other relief organizations and the administration personnel in the refugee camp for the needs and inclusion of people with disabilities within the community.



Donate now

Donation example: **EUR 70** pays for a wheelchair and thereby provides mobility for one person who cannot walk (see note on p. 49). www.dahw.de/spenden

Pakistan

Project example



Project duration:
01.01.2018 - 31.12.2020

Project location:
Rawalpindi in the province
of Punjab in Pakistan

Project beneficiaries:
Persons affected by leprosy,
tuberculosis and leishmaniasis

Partners:
ALP (Aid to Leprosy Patients)

Supported by:
Ruth Pfau Foundation

Investments in 2020:
EUR 225,251.87

Photo: ALP

Under management of Dr. Christine Schmotzer, the Rawalpindi Leprosy Hospital (RLH) of our partner organization ALP (Aid to Leprosy Patients), located near the Pakistani capital Islamabad, specialises in poverty-associated and neglected diseases such as leprosy, (subcutaneous) leishmaniasis, (multi-resistant) tuberculosis or disabilities. Patients are educated, diagnosed, treated and supported throughout the (re)integration process as the hospital offers services that public healthcare cannot provide, in areas that are not sufficiently covered. Thus, ALP in Pakistan significantly contributes to the implementation of the DAHW strategy 2015-2025.

Despite the fact that approx. 400,000 people in Pakistan contract TB annually, there is still a lack of awareness for the disease. Additionally, the stigma is great so that those affected only seek medical assistance very late and impede the search for contact persons. The RLH is the only hospital in Northern Pakistan to offer adequate treatment for especially dangerous and complicated (multi-)resistant forms of TB. Its treatment rate of approx. 1,000 patients is one of the highest in the country.

People who as a consequence of spinal TB suffer paraplegia or stiff joints due to bone/joint TB seek out the RLH, which is the only hospital in the region to offer beds for in-patient treatment of severely ill and often malnourished patients. The base and referral hospital for leprosy in Northern Pakistan additionally offers physiotherapy, orthopaedic shoes as well as social and physical rehabilitation for the prevention or treatment of leprosy-related disabilities. The RLH also introduced Leprosy Post-Exposure Prophylaxis (LPEP) for the preventative treatment of contact persons.



Donate now

Donation example: At the Rawalpindi Leprosy Hospital, quick computer-aided diagnoses can be performed for two patients with GeneXpert tests for EUR 40 (see note on p. 49).
www.dahw.de/spenden



Latin America

The corona virus has also severely affected the work of DAHW in the project region of Latin America in which the emphasis is on leprosy, Chagas and other neglected tropical diseases (NTDs) as well as on social inclusion of people with disabilities. Our field activities – as e.g. case detection, holding training workshops for healthcare assistants and direct interaction with project beneficiaries – were especially limited. The situation required us to adapt our methods: Instead of in-person training sessions we used virtual platforms. We also expanded our activities through social networks and developed innovative and interactive online formats in order to educate the population about the diseases within our mandate and about COVID-19. Together with our partners we will maintain many of these new tools and working methods once the pandemic has passed.

The political and social situation in the region remains difficult even aside from pandemic-related concerns. Despite the peace agreement in Columbia, a high safety risk exists for our teams. The migratory flows of people from Venezuela seeking refuge in neighbouring countries are never-ending. In Bolivia, personnel for the national and local leprosy and NTD control programmes is constantly changing, which exacerbates the coordination of our activities. In Brazil, the work of relief organizations is being sharply criticised by the government.

Our presence in the region and continued support for those affected by leprosy and NTDs as well as for socially and economically weaker population groups are therefore all the more necessary. For this purpose, we have initiated many new projects in 2021 in the area of research as well as in leprosy and NTD control as newly introduced methods are proving highly beneficial.



Alberto Rivera
Head of the Latin American regional office in Bogota



Theresia Düring
Head of the Latin American regional team in Würzburg

Bolivia

Project example



Project duration:
01.01.2018 - 31.12.2020

Project location:
State of Chuquisaca in Bolivia

Project beneficiaries:
Chagas patients, population, healthcare personnel and university employees

Partners:
NorSud, International Chagas-coalition, Charité, LMU Munich, Hospital Dermatológico Monteagudo, Krankenhaus der Barmherzigen Brüder [Hospital of St. John of God]

Investments in 2020:
EUR 54,319.14



Photo: Sandra Parisi

In recent years, the “Hospital Dermatológico Monteagudo”, supported since 1966 by DAHW, has evolved from a former leprosy centre into a referral centre for Chagas and other neglected tropical diseases (NTDs). Today, it is highly recognised in the region. Chagas disease is the most prevalent NTD in South and Central America. In the Chaco region in Bolivia, half of all adults are infected. Chagas is transmitted through the bite of the assassin bug, which lives in the cracks and walls of poor clay huts. Without treatment Chagas can lead to chronic heart and gastro-intestinal diseases and, in the worst-case scenario, to death. The population has little trust in the treatment due to ignorance, trivialisation, fear

of side effects and prejudice. By means of large-scale healthcare campaigns, we closed existing knowledge gaps, clarified misunderstandings and created awareness for the risks of this disease. Nearly 1,500 new cases have been diagnosed, among these hundreds of affected pregnant women who could transmit Chagas to their unborn children. We expanded the technological equipment of the hospital, constructed buildings, implemented personnel and structural measures and also developed strategies for ensuring functional and economic stability.

Despite the corona pandemic, forest fires, frequently changing personnel among government healthcare agencies and political conflicts, we were able to greatly improve the care of patients. Due to new strategies for the prevention and promotion of healthcare measures, which we developed together with educational institutes, agencies, the government, the national Chagas control programme and the local healthcare network, we will be able to improve the quality of life and well-being of those affected in the long-term.



Donate now

Donation example: **EUR 120** is the treatment cost for acute Chagas disease. The use of an echocardiogram (ultrasound of the heart) is vital, see note on p. 49.

www.dahw.de/spenden

Columbia, Bolivia, Brazil

Project example



Project duration:
01.01.2018 - 31.12.2020

Project location:
Six cities in Columbia,
Bolivia, Brazil

Beneficiaries:
People with disabilities

Partners:
Nor Sud (Bolivia),
Socio-Cultural Fundación
Villa Bernarda (Columbia)

Supported by:
Likvidace Lepry (LL)

Investments in 2020:
EUR 39,318.07

Photo: Magdalena Quijpe



DAHW's many years of experience in helping people with (leprosy-related) disabilities forms the basis for this innovative transnational project to promote social inclusion and improve the living conditions of people with disabilities in six cities in Columbia, Bolivia and Brazil. In accordance with community-based inclusive development (CBID) and together with those affected, we initially analysed the situation with respect to the aspects of health, education, subsistence, social matters and empowerment. We then shared the identified and prioritised needs with the communities and institutions and used these as a basis for targeted measures in order to strengthen and empower people with disabilities.

We provided information to affected persons, their families and caretakers about their rights through workshops, brochures and flyers and established links to government support offers and programmes for social inclusion. We also supported the establishment of self-help groups, trained selected stakeholders (leaders) and ensured the registration of all participants in so-called municipal disa-

bility registries so that these persons can prospectively benefit from communal social programmes. In cooperation with local companies and educational institutes we integrated people with disabilities in educational and professional settings while taking their individual learning and competence development into account.

Exchanging experiences, joint lobbying, networking as well as access to healthcare services, educational institutes, politics and government programmes strengthen those affected on their path toward a self-determined life, enable participation within society and improve living conditions.



Donate now

Donation example: **EUR 180** is the cost of an educational campaign on the rights of people with disabilities for approx. 25 affected persons and their families (see note on p. 49). www.dahw.de/spenden

Corona interventions



Relief measures to prevent the worst-case scenario

Collapsed healthcare systems, lack of protective equipment, increased risk of severe disease progression in addition to job losses and food shortages. Together with our local partners, we are fully committed to mitigate the effects of the COVID-19 pandemic for the groups within our mandate.

We supported the acquisition of personal protective equipment (masks, gloves, gowns, infra-red thermometers, soap and disinfectant) as well as the organization of COVID-19 training sessions in order to protect employees of health-care institutions, national control programmes, local partner



Photo: GLDA/India

In India and other places, we provided food aid for especially endangered persons in order to prevent starvation due to radical lockdown measures for the containment of the corona pandemic.

organizations and DAHW against contagion so they could continue their work. Clean water, hygiene materials, food and cash allowances were also provided for the especially vulnerable population – i.e. the poor or sick, people with disabilities, prisoners and refugees. We also provided educational offers via flyers, radio programmes and loudspeaker announcements (also in the indigenous language and for illiterate persons) on the topic of COVID-19. Moreover, we delivered urgently needed medications to patients. When corona-related supply shortages occurred, we networked intensively in order to secure more resources.

As dramatic as the situation often was, the solidarity and selfless dedication of the people was equally impressive. We were able to help thousands with short-term funds in the amount of about EUR 900,000 provided through DAHW's own funds and by external donors.

In the following we are providing a few examples of our corona interventions. Many other examples can be found at www.dahw.de/corona



Photo: Nadja Tanore

We distributed urgently needed protective and hygiene materials for inmates and personnel in 13 Togolese prisons for infection control. These efforts were sponsored through the relief fund of the European Union.



Photo: LEPCO

In February of 2020, we were already preparing (para)medical employees from our Afghan partner organization LEPCO for the looming pandemic by organising hygiene and educational workshops.



Photo: SMTF

In Myanmar, we provided fleeing Rohingya with hygiene materials and basic food supplies through the emergency relief programme and designed easily understandable educational posters and brochures on the coronavirus.



Photo: FMF

In Yemen, we trained healthcare personnel and volunteers in infection control as well as in health & hygiene in order to secure the continuity of healthcare services for leprosy and tuberculosis patients.

Überblick über unsere Corona-Interventionen 2020

Region	Project country	Number of corona projects	Investments of DAHW and partners (€)	Main beneficiaries	Most important partners
Asia	Afghanistan	1	1,300.00	Healthcare personnel	LEPCO (Leprosy Control Organization)
	Bhutan	1	14,688.00	People with disabilities, relatives	Ability Bhutan Society (ABS)
	India	1	43,900.00	Leprosy and TB patients, people with disabilities	
	Myanmar	1	18,470.00	Refugees	Shwe Minn Tha Foundation Myanmar (SMTF)
	Nepal	1	14,704.00	People with disabilities	Kopila Nepal
	Pakistan	2	22,900.00	Leprosy, TB, MDR-TB and Skin-NTD patients, people with disabilities, caretakers, healthcare personnel	Rawalpindi Leprosy Hospital and Marie Adelaide Leprosy Center (MALC)
Latin America	Bolivia	2	61,501.61	Vulnerable population, leprosy, TB, NTD patients, healthcare institutions, healthcare assistants	Hospital Dermatologico Monteagudo, Fundación Intercultural Nor Sud, National NTD control programme
	Brazil	2	70,336.00	Indigenous populations, leprosy, TB and NTD patients, healthcare institutions, healthcare assistants	Institute of Theology, Pastoral Care and Higher Education of the Amazon (TEPES), Telehealth and Telemedicine Nucleus of Alfredo da Matta Foundation (NUTES/FUAM), Casa De Saude Indígena Manaus (CASAI), Special Indigenous Health District (DSEI) Manaus, Universidade do Estado do Amazonas (Amazonas State University), Hospital da Baleia, Funfarme
	Columbia	3	16,867.87	Leprosy, TB, NTD patients and relatives	Self-help organizations for affected persons, Ministry of Health
East Africa & Arabia	Ethiopia	4	128,314.00	Vulnerable population, residents in leprosy settlements, healthcare institutions (TB laboratories)	Ethiopian National Association of Persons Affected by Leprosy (ENAPAL), Jimma Catholic Daughters of Charity, National Tuberculosis Control Programme
	Yemen	1	45,915.00	Healthcare institutions, healthcare assistants, communities	Field Medical Foundation (FMF)
	South Sudan	1	30,554.42	Leprosy and TB patients	United Network for Health (UNH)
	Uganda	6	118,181.25	Leprosy and TB patients, refugees, people with disabilities, relatives and caretakers, healthcare assistants, healthcare institutions	St. Joseph's Hospital Maracha, Nyapea Hospital, National TB and Leprosy Control Programme, Transcultural Psychosocial Organization (TPO), Uganda Catholic Medical Bureau (UCMB)
West Africa	Liberia	2	84,273.91	Leprosy, TB and NTD patients, people with disabilities, communities, healthcare institutions, healthcare assistants	Ganta Rehab Center, National NTD Control Programme, Ministry of Health, AIM Initiative of American Leprosy Missions (ALM)
	Nigeria	2	87,619.00	Leprosy, TB and NTD patients, people with disabilities	RedAid Nigeria
	Sierra Leone	1	22,894.34	Leprosy patients	NAPAL (National Association of Persons living with leprosy)
	Togo	2	187,888.88	Prison inmates and relatives, prison personnel	Togolese Federation of Associations of Disabled Persons (FETAPH), National NTD and TB Control Programme

COVID-19 hits the weakest among us the hardest



Most people in DAHW project countries do not have any health, financial or material reserves in order to deal with a COVID-19 infection and country-wide restrictions for the containment of the corona pandemic.



Photo: GLRA India

Help is urgently needed – also during corona. Together with our local partners, we provided targeted support for inaccessible and especially vulnerable persons.

COVID-19 affects those living in poverty the hardest. People living in poor nutritional and hygienic conditions are especially susceptible to contracting SARS-CoV-2 and at risk of suffering a severe or even fatal disease progression. For many, wearing masks, hand-washing or safe-distancing are impossible. A lack of materials is especially prevalent among those living in impoverished dwellings, slums, prisons and refugee camps. At the same time, lockdowns have robbed millions of their livelihoods. Working from home, short-time

compensation, continued pay in case of illness: These benefits do not apply to the poor. As a consequence, poverty and hunger increase and diseases spread. Many cannot afford the long journey to the hospital nor the necessary treatment and medications.

Fragile healthcare systems are collapsing under the burden of the pandemic as personnel protective and safety equipment, tests, vaccines and intensive care treatment are urgently needed.

Setback in the fight against tuberculosis

All of these consequences of COVID-19 have especially had a negative impact on the fight against tuberculosis. Even before the outbreak of the pandemic, it was doubtful whether the World Health Organization (WHO) would reach its ambitious goals. The spread of this infectious diseases was to be reduced by 20 percent by 2020. Yet, this goal was missed by 11 percentage points, even without corona. Experts assume that over 1.8 billion people worldwide are presently infected with TB. In 2019, more than 1.4 million died of TB. This shockingly high number will most likely increase due to COVID-19.

On the one hand, TB infection or an active TB illness increases the severity of COVID-19 and presumably also the susceptibility to contract SARS-CoV-2 – according to the findings of an initial study by Chinese scientists (Visca, D. et al. Pulmonology, 2021). On the other hand, personnel at health stations and clinics in many countries must now take in corona patients instead of those infected with TB; beds must be made available, budgets reallocated, and services must be temporarily interrupted. Due to the lack of capacities, TB patients are diagnosed too late, making their treatment all the more difficult.

Intensification of research, approval of new medications and development of new diagnostic tests in recent years provide some measure of hope. On account of the pandemic, governments and companies are also making short-term resources and financial means available in order to save lives. However, only if more money is invested in research, diagnostics and logistics to combat other global health problems such as tuberculosis in the future will there be any chance of achieving the WHO's goal of eradicating TB worldwide.

People with disabilities as a risk group

The corona pandemic represents a special danger for the approx. 1 billion people worldwide suffering from one or multiple physical impairments or disabilities of which 80 percent live in, for the most part, extreme poverty in countries of the Global South. These extremely vulnerable and marginalised groups of people are often dependent on the support of relatives, friends or caregivers for the performance of daily tasks such as shopping for food or getting water, cooking or bodily hygiene – a big problem in times of curfews and contact restrictions. Additionally, people in this risk group have reduced immunity and are therefore more susceptible to the virus due to old age-related or respiratory illnesses such as tuberculosis. They are also at a higher risk of a severe disease progression after

contracting COVID-19 and increased mortality. The pandemic combined with unequally high barriers to medical care, social integration, education and information due to stigmatisation, discrimination but also due to fears and depression puts their lives at risk.

On their website, the International Disability Alliance (IDA), an alliance of over 1,100 organizations of people with disabilities and their relatives, provides extensive information for affected persons, relief organizations and government institutions and issues specific recommendations and requirements for interventions in order to ensure that the special needs of people with impairments or disabilities are taken into account in national and international COVID-19 measures. DAHW implements these recommendations as best as possible in its own corona relief projects.

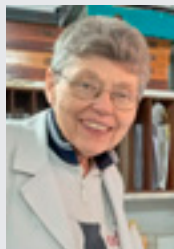
– *Further information on this topic is available at www.internationaldisabilityalliance.org*

Helping under exacerbated circumstances

Dr. Christine Schmotzer has managed the Rawalpindi Leprosy Hospital (RLH) in Pakistan, which is supported by DAHW, since 1993. In order to maintain the hospital's care of patients with multi-resistant tuberculosis (MDR-TB) during the lockdown, "Dr. Chris" and her team had to get creative. She convinced a friend of hers, who is an officer in the military and therefore exempt from curfew restrictions, to deliver urgently needed medications to two MDR-TB patients living in a remote village. The medications were handed over to a community assistant in adventurous fashion at a highway exit.

"COVID-19 will be with us for many years and become a part of our virus repertoire," said Dr. Schmotzer. She is actually more concerned that tuberculosis will become an even greater health problem once corona has been brought under control. "The decisive question is not how to

fight tuberculosis but poverty. As long as people live in precarious conditions, we will have to continue our fight against diseases of poverty such as TB," said Dr. Schmotzer. In December of 2020, she received the Order of Merit of the Federal Republic of Germany in honour of her exceptional efforts in Pakistan.



Dr. Christine Schmotzer ('Dr. Chris'), Leprosy and tuberculosis expert in Pakistan

Limited case detection



One of the many devastating consequences of the pandemic

The statistics of the World Health Organization (WHO) on newly registered leprosy and tuberculosis infections for the year 2020 are not yet available. However, the following is already becoming clear: Fewer patients have been detected due to corona-related curfews and contact restrictions.

The currently available figures of the World Health Organization (WHO) on newly registered leprosy and tuberculosis infections in DAHW project countries should not be missing in the Annual Report of DAHW German Leprosy and Tuberculosis Relief Association. However, these statistics have never quite given an accurate picture of reality: A lack of functional and comprehensive healthcare systems and control programmes exists in most project regions. Case detection is very time and cost-consuming especially in remote,

inaccessible regions of our project countries. There is also a lack of sufficiently trained healthcare personnel who can detect these diseases at an early stage. For those affected by leprosy, the diagnosis is often only given once the disease has already caused severe and irreversible disabilities.

Moreover, affected persons often do not have access to medical care and do not recognise symptoms or conceal suspected illnesses from fear of marginalisation.

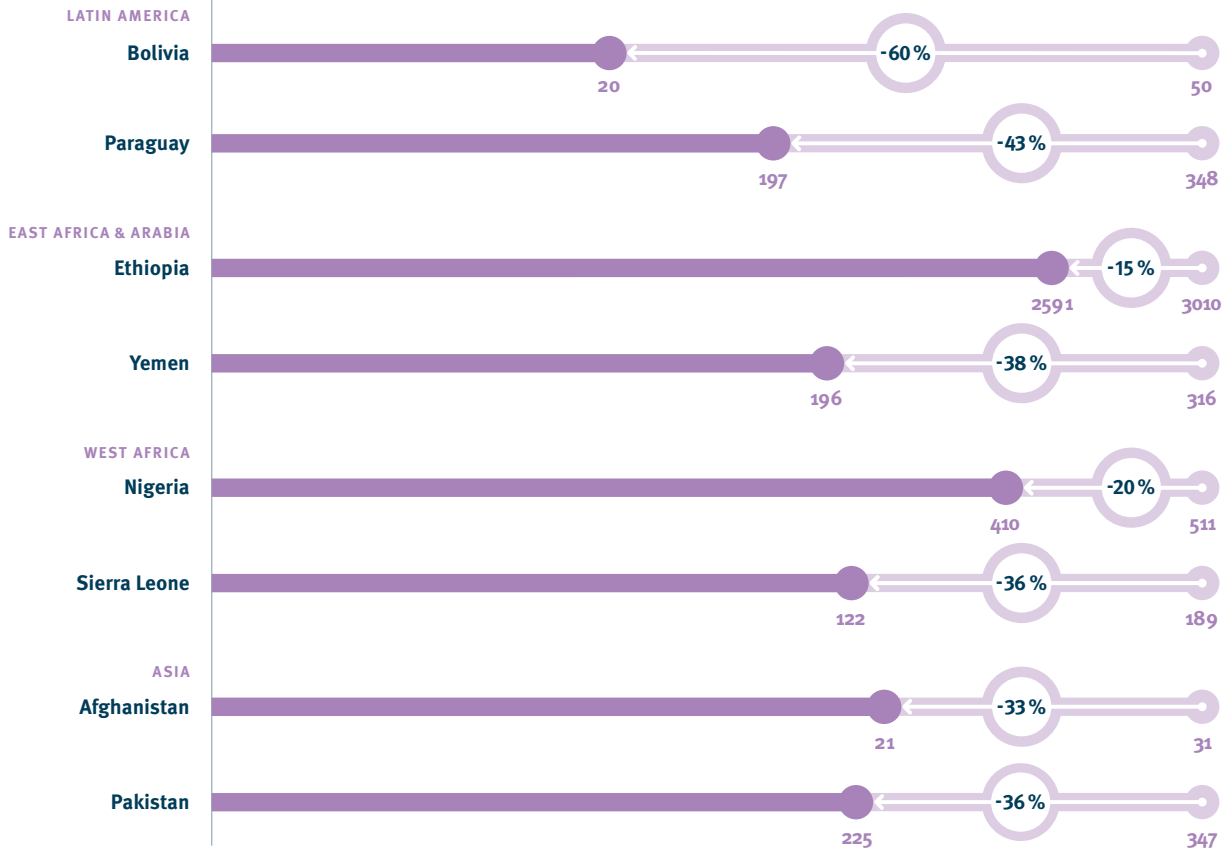
Region	Project country	Leprosy case numbers*			Tuberculosis case numbers*		
		2017	2018	2019	2017	2018	2019
Latin America	Bolivia	62	52	71	7,576	7,597	7,691
	Brazil	26,875	28,660	27,863	79,222	82,409	92,524
	Columbia	362	324	339	13,007	13,025	14,888
	Paraguay	321	345	348	2,579	2,589	3,097
East Africa & Arabia	Ethiopia	3,114	3,218	3,201	116,725	113,613	112,597
	Yemen	357	358	316	9,693	9,743	10,268
	Sudan	551	509	478	20,438	20,117	20,164
	South Sudan	N/S	761	1,152	10,220	14,603	16,323
	Tanzania	1,936	1,482	1,603	68,473	74,692	82,166
West Africa	Uganda	211	201	219	45,794	55,835	67,868
	Liberia	152	162	99	7,728	7,808	8,323
	Nigeria	2,447	2,095	2,424	102,387	103,921	120,266
	Senegal	235	204	189	13,235	13,250	13,744
	Sierra Leone	113	160	189	15,935	17,144	17,865
	Togo	67	78	124	2,544	2,413	2,664
Asia	Afghanistan	45	43	31	46,640	48,420	52,770
	Bhutan	12	12	18	881	898	1,016
	India	126,164	120,334	114,451	1,786,681	1,994,000	2,404,815
	Myanmar	2,279	2,214	2,488	132,025	137,972	137,325
	Nepal	3,215	3,249	3,844	31,064	31,855	32,043
	Pakistan	403	342	347	359,224	360,472	334,754

*registered new infections per year (source WHO)



Registered leprosy cases 2020 and decline compared to 2019

These statistical examples show that significantly less leprosy patients have been detected in many DAHW project countries in the year 2020 due to the COVID-19 pandemic.



Together with our local partner organizations we are closing the gaps especially for those living in remote regions with respect to case detection, diagnosis and care for those affected by leprosy or TB. Among other things, we are training medical specialist personnel and healthcare assistants (volunteers) and also sending out our own teams. We provide the case numbers for many countries for the annual statistics of the WHO. The figures for 2020 reported to us from colleagues in regional and programme offices are alarmingly low.

However, this is not because fewer people are becoming ill with leprosy or TB; rather the pandemic and its consequences have set back the control of these diseases by years. Many public hospitals in DAHW project countries have been re-purposed for the treatment of COVID-19 patients or fewer healthcare personnel has been deployed due to lack of protective equipment. DAHW activities with respect to case detection

and healthcare personnel training could not be carried out for an extended period of time. As a consequence, the number of diagnosed leprosy patients in 2020 has declined by about a third compared to the previous year. The graphic above provides some examples from DAHW project countries.

The consequences are dramatic: Fewer timely diagnosed and treated leprosy patients mean more affected persons will suffer severe disease progressions and thus also develop irreversible physical disabilities. At the same time, further transmission is also not being contained.

For decades, the WHO has provided leprosy medications free of charge, and these are predominantly distributed by relief organizations such as DAHW in cooperation with ministries of health. However, in order to deliver these medications, we must first of all find the patients.

Creating new platforms



Challenges and potential for our public relations work

At the beginning of the pandemic, it was difficult to raise awareness for especially vulnerable population groups in our project countries. Intensive public relations work and networking have made it possible to place the topics of global health, poverty and neglect on the agenda.



relationship management requirements in regard to the public, donors, partners and money lenders must also be fulfilled. In 2020, the challenges were especially complex due to corona.

Among other things, the creative efforts of our many supporting volunteers, donors as well as of individual and institutional donors allowed us to still achieve a respectable income in 2020. Consistently growing competition pressure among fundraising organizations in Germany and the successively shrinking donor base of DAWH are forcing us to take new paths.

We are currently preparing a new fund-raising strategy in order to emphasise the expertise of DAWH with respect to infectious diseases, deepen the strong connection of existing donors with DAWH and reach out to potentially new target groups who are willing to give. Over the next years we want to win over new donors for DAWH in order to secure a stable base for the future of our organization. An annual special budget is to be established for the implementation of the strategy. We are convinced that these investments in the further development of our fund-raising approaches and instruments as well as in the build-up and cultivation of relationships with interested parties and donors will be worth our while in the medium and long-term. At the end of the day, all these efforts serve to support the people in need in the DAWH projects.

Our beneficiaries are counted amongst the weakest in their societies due to sickness, poverty, marginalisation and disabilities. The corona pandemic and protective containment measures threaten these populations in an especially dramatic way; in fact, it is often a matter of life and death for them.

Every charitable organization is faced with the highly complex balancing act of ensuring a careful, economic use of donated funds on the one hand and achieving a sustainable local impact with the project on the other. In addition to this, data privacy and service-oriented

RED AID thus far only in Nigeria and India

DAHW wants to reach new target groups and achieve more donation revenue with a second brand in Germany and abroad. In light of the corona pandemic in 2020, we had to acknowledge that planned income increases and the build-up of new capacities in the project countries cannot be realised within the planned time frame with the new RED AID brand.

We will continue to support the already registered organization RedAid Nigeria and the introduced brand RedAid India with individual and institutional fund-raising activities in order to dismantle dependency relationships and strengthen structures on-site.

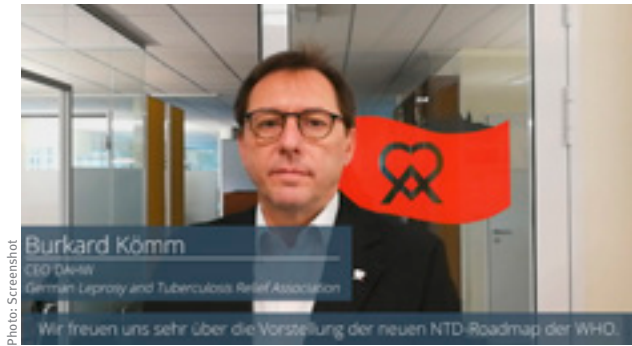


Photo: Screenshot

New action plan for fighting neglected tropical diseases (NTDs): In January 2020, the World Health Organization (WHO) published its new NTD roadmap. DAHW assisted in the development of leprosy-specific targets. In his video greeting (YouTube), Managing Director of DAHW Burkard Kömm emphasised the successful cooperation among all stakeholders and the active integration of affected persons in strategic development.

We were able to, time and again, draw attention to their situation in numerous press reports, on our website and via the DAHW newsletter as well as in social media and regular publications for our donors.

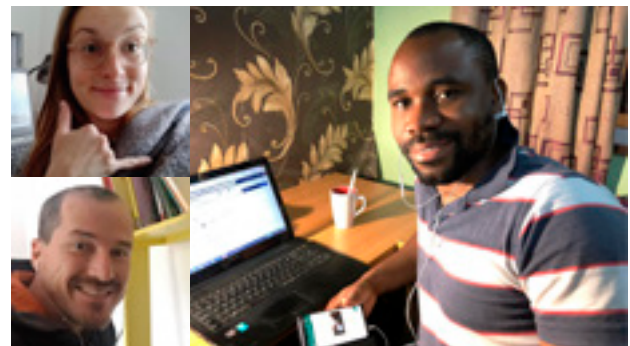
Our experts on medical and social projects, research, humanitarian aid and inclusion also participated in many national and international (online) events. More than that: We took advantage of conferences, networking opportunities and discussion rounds in order to actively promote “our” topics, initiate the development of new strategies and champion the concerns, interests and rights of the vulnerable people in the DAHW projects.

— *Sincerely, Manuel Koch,*
Head of the department for public relations & fundraising



Photo: World Health Summit

At the World Health Summit 2020, the focus was on the COVID-19 pandemic and its impacts on health but also on neglected tropical disease (NTDs) such as leprosy. The 6,000 participants also included our colleague Dr. Irene Ayakaka, medical coordinator for East Africa. She reported on the impacts of the pandemic on our leprosy work.



Photos: C. Gunesch, O. Chikwendu, Dr. R. Bechtler

DAHW wins #SmartDevelopmentHack: Carolin Gunesch (DAHW head office), Dr. Reinaldo Bechler (DAHW Brazil) and Obiora Chikwendu (RedAid Nigeria) together with Audiopedia and the German Society for International Cooperation (GIZ) convinced the Federal Ministry for Economic Cooperation and Development (BMZ) of their idea to provide education on COVID-19 through audio tools for marginalised and illiterate population groups in Brazil, Nigeria, India and Uganda.



Photo: g+h communication

At the virtual Week on Water for Development (WW4D) of the German Society for International Cooperation (GIZ), our colleague Dr. Ngozi Ekeke (DAHW Nigeria) emphasised the importance of clean water for wound healing among leprosy patients. Experts of the German network against NTDs (DNTDs) and the German WASH network discussed the importance of water, sanitation and hygiene (WASH) with respect to combating neglected tropical diseases.

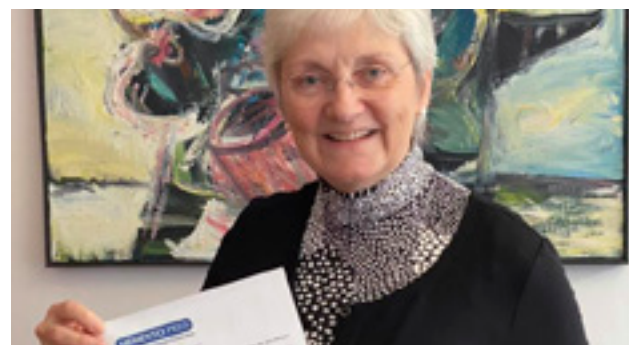


Photo: privat

The Memento Policy Prize 2020 was awarded to the member of the German parliament, Heike Baehrens of the SPD party. The chairperson of the subcommittee Global Health of the German parliament received this honour for her commitment to affordable vaccines, diagnostics and medications. The Memento Prize for neglected diseases has been annually awarded since 2014 by Doctors without Borders/Médecins Sans Frontières (MSF), Bread for the World, the BUKO Pharma Campaign and DAHW.

Finding ways and means



One of the many talents of our volunteers



Photo: Beate Schamberger

Christmas bazaar of the Friedensreich Hundertwasser School in Würzburg: The students came up with a "corona-compliant" way to offer their handmade goods and also gained the support of Sparkasse Mainfranken.



Photo: Heinz Francke

Activists in Oelde were especially successful. Manufactured masks for everyday use were handed out to interested parties via the DAMIAN One World Shop. Customers enthusiastically welcomed the offer.

How are we to collect donations when holding events is forbidden? When planned markets, bazaars and sports events have to be cancelled? How does one organise proven campaigns under strict contact restrictions? In this unusual year, our volunteers have proven once again how flexible, creative and especially determined they can be when it comes to advertising and gaining financial support for the work of DAHW and for people in need.

"Wear a mask" is more than a call to utilise a highly important hygienic measure; it is also the name of a campaign that volunteers in Sprakel, Telgte, Borghorst, Metelen and Würzburg organised in a short amount of time: Sewing machines were buzzing as volunteers diligently produced a large number of cloth face masks and offered them to the public in return for a donation. The DAHW action group in Würzburg additionally provided masks for our employees

in the office building free of charge. The DAHW action group in Iserlohn, Letmathe also demonstrated its flexibility: The popular "Waffle Campaign" was changed to a waffle delivery service in the short-term, which was especially popular among older people. The traditional Christmas bazaar of the Friedensreich Hundertwasser School in Würzburg was realised in short order as a contactless event with photos and a prize list.

The good news in the midst of many cancellations and trials of patience: Many people are especially generous with their donations in difficult times. Thus, many volunteers managed to offset the missing campaign proceeds through donations and even win over new donors. The best example is the generous donation from the Storm Talkers Foundation via the DAHW volunteer group in Metelen in the previous year.

This gives us hope, and we feel encouraged by the fact that – even in times in which people at home are concerned for their own well-being – they do not forget the often much greater needs of others. Every single donated euro gives our beneficiaries in our projects a perspective for the future.

This year, we are especially grateful to all our supporters for their wonderful ideas and active involvement despite the many restrictions and for their loyalty to DAHW and to the people of the Global South. Even in times of crisis they have demonstrated their worldwide solidarity with people in need. Thank you for your dedication!

Beate Gemballa
(Würzburg),
Lilija Tenhagen and
Sonja Becker (Münster,
photo not available)
support volunteers in
word and deed.

Contact data is available at
www.dahw.de/ehrenamt



Global digital learning



Our educational team also increasingly relies on online formats



Photos: Dr. Dennis Schlütze

Together with song writer and child educator Christof Balling we realised the educational project “Children’s Worlds” in 2020 on the topic of inclusion and children’s rights. With guitar in hand and many songs in his repertoire, Christof Balling visited children in German and Tanzanian schools in order to learn more about their different living realities. A moving 30-minute documentary of his journey can be viewed at www.dahw.de/kinderwelten.

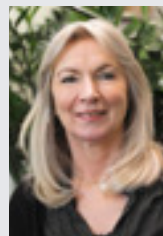
Our educational speakers were fully booked at the beginning of the year. Yet, with the outbreak of the pandemic schedules quickly opened up as opportunities for visits to schools, group presentations or presentations for associations were cancelled one after another. Nonetheless we were able to still hold 61 events in which we presented and conveyed topics of global learning.

Especially in times of a worldwide health crisis, providing education about the correlations between poverty and health and the important work of DAHW must not be neglected. For this reason, we increasingly relied on digital educational work. In spite of the pandemic, we were able to initiate some campaigns as e.g. the project “Future with Class”, which will commence in September of 2021 in Unterfranken or the digital tool “One Health”, which was developed with funds from Engagement Global – 2021 and is to be integrated in the classroom.

The multimedia project “Children’s Worlds” is another example how we use educational work and global learning in order to raise awareness for global correlations and foster empathy and understanding especially among younger people. Part of the project focussing on inclusion and children’s rights is a film by the Würzburg songwriter and child educator Christof Balling, which was filmed during school visits in Germany and Tanzania. It deals with the fundamental needs of children in various countries and elucidates commonalities and differences but also margin-

alisation processes and dependencies. It was filmed in an integrative school in Würzburg and in schools of a DAHW project in the region of Shirati in Tanzania where we have been helping the local people for many decades. The accompanying materials for child educators and teachers in kindergartens, institutions and schools (grades 1-6) also relate to the sustainability goals of the UN. Especially the goals of health, education and inclusion are directly connected with our worldwide project work.

For us, global learning means an active engagement with the various health and living situations of people in order to bring about sustainable behavioural change. This is how lived-out tolerance is developed, which leads to lived-out solidarity. The project “Children’s Worlds” conveys commonalities and differences of these living situations in an emotional and thought-provoking manner.



Please contact Maria Hisch, Judith Aßländer (Würzburg) and Sonja Becker (Münster, photo not available) in case you are interested in our educational offers. Contact data is available at www.dahw.de/bildung

Achieving more together



Our external donors, cooperation and alliance partners

“If you want to go fast, go alone; but if you want to go far, go together.”
In accordance with this African proverb, we have always relied on cooperation and networking with like-minded partners with respect to financing and the implementation of our projects.

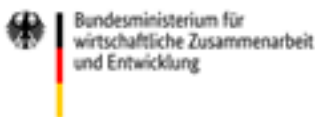
As an organization specialising in global health, DAHW German Leprosy and Tuberculosis Relief Association only represents a small part of global development work. Therefore, we must use our resources all the more effectively and bundle our strengths in various alliances, cooperations and networks, many of which we have established or co-founded ourselves.

Thus, in technical, personnel and financial areas, we are working together with other organizations that optimally complement our experience and know-how with their expertise, skills and contacts in order to implement our programmes and projects. A successful example of this is our cooperation with the Transcultural Psychosocial Organization (TPO): TPO is contributing to the promotion of mental health of affected persons within the context of the first community-based tuberculosis project in Uganda. We have carried out this project since 2019 with the support of the Else Kröner-Fresenius Foundation (EKFS) (among others).

For the implementation of comprehensive transnational programmes and projects we are increasingly collaborating with large consortia such as for our current leprosy research project “PEP4LEP”, which we are realising in Tanzania and Ethiopia with multiple national and international partners. The project is part of the EDCTP2 programme and supported by the European Union (promotional number RIA2017NIM-1839 PEP4LEP).

Representing the interests of beneficiaries

Our numerous alliance and network partners not only support us with respect to professional exchanges, project coordination and fund-raising: Together we provide lobbying services at a local or communal, national and international level in order to influence relevant players in politics, administration and society in accordance with our goals. Moreover, we are also active in so-called advocacy (legal representation of interests) as we stand up for the concerns and needs of the vulnerable and marginalised groups of people in our



project regions. These groups also include many self-help or self-representation organizations for affected persons whose build-up and expansion we actively promote and accompany in our project regions. Side by side with them, we want to achieve long-term sustainable improvements and change.

DAHW once again on the board of ILEP

Many of the long-standing and close cooperation partners of DAHW are members of the International Federation of Anti-Leprosy Associations (ILEP). The federation was founded in 1966 also with the participation of DAHW and currently consists of 14 member organizations in 63 countries who are actively involved in combating leprosy.

Per year about USD 60 million are invested in 700 projects, and USD 2.5 million in leprosy research. The holistic human rights-based approach pursues the goals of coordinating the measures of all partner organizations, closing gaps in a targeted manner and making leprosy control (more) efficient. Central tasks include the development and continuation of high-quality, integrated leprosy healthcare services, the prevention of leprosy-related impairments and disabilities as well as the promotion of the rights of those affected by leprosy and unrestricted participation of these people at all levels of society.

ILEP works closely with people affected by leprosy and their self-representation organizations, with the World Health Organization (WHO), ministries of health and governments as well as with various philanthropic foundations, organizations and individual supporters. Moreover, ILEP supports the technical commission of international leprosy experts. In November of 2020, Burkard Kömm, managing director of DAHW German Leprosy and Tuberculosis Relief Association,

was once again appointed to the five-member board of ILEP within the context of the general meeting. Brent Morgan, director of Leprosy Mission International, is the new president.

Congratulations to the jubilarians

VENRO, the umbrella association of developmental-political and humanitarian non-government organizations in Germany, celebrated its 25-year anniversary in 2020. The currently 138 members consisting of private and church-based developmental and humanitarian relief organizations as well as of developmental-political educational, public relations and lobbying groups are jointly dedicated to the goal of pushing developmental work and humanitarian aid to the top of the political agenda. The main goal is to overcome poverty worldwide, realise human rights and preserve the natural bases of existence.

The Association Development Works (BEH) celebrated its 15-year existence in 2020. The organization was founded on 1st January 2005 following the catastrophic tsunami in South-East Asia in December of 2004. In order to be able to react more quickly and effectively on-site in emergencies and catastrophes, the eleven member organizations bring their specific knowledge and many decades of experience in international development cooperation to the table and also provide access to their local structures and partners. DAHW has been a full member of the alliance for five years and has also established its own specialist area in humanitarian aid in 2016 over the course of its cooperation with BEH.

— *An overview of all external donors, cooperation and alliance partners of DAHW is available at www.dahw.de/partner-netzwerke*



DAHW milestones



Inspiring: Dr. Antoine Féron, leprosy doctor at the Ethiopian leprosy station St. Antoine in Harar



Active: Volunteers helping with the first DAHW project, the construction of a health station in Bisidimo



Selfless: Dr. Ruth Pfau dedicated almost her entire life to leprosy patients in Pakistan.

Photo: Bernd Hartung

Consequential encounter: On a trip to Ethiopia in 1955, journalist Franz Graf Magnis and the theology student Richard Recke from Würzburg meet the leprosy doctor Dr. Antoine Féron – and want to help...

1957: On 18 January, Graf von Magnis and his friends, among these the later president of DAHW Hermann Kober and his wife Irene found the “Aussätzigenhilfswerk Dr. Ferón e.V.” [Dr. Ferón Leprosy Relief Association] in Würzburg. The name is changed to Deutsches Aussätzigen-Hilfswerk (DAHW) e.V [German Leprosy Relief Association (DAHW)] on 1 August.

1958: Initial development workers begin to build up the leprosy clinic in Bisidimo in Egypt. It is not long before numerous project applications roll in from Africa, Asia and Latin America.

1961: The relief association begins supporting the nun, leprosy doctor and later DAHW honorary ambassador Dr. Ruth Pfau.

1974: National leprosy control programmes are established in multiple countries. Leprosy research is further supported.

1983: Leprosy is curable! The WHO declares the combination therapy (multi-drug therapy) developed by DAHW and the Research Center Borstel as the worldwide standard.

1987: Leprosy infections are significantly reduced worldwide and tuberculosis (TB) gains importance in the work of DAHW.

1990: DAHW holds the general assembly of the International Federation of Anti-leprosy Associations (ILEP) in Würzburg.

2003: Deutsches Aussätzigen-Hilfswerk (DAHW) [German Leprosy Relief Association (DAHW)] changes its name to DAHW Deutsche Lepra- und Tuberkulosehilfe e.V. [DAHW German Leprosy and Tuberculosis Relief Association]

in order to also take the expanded task area into account.

2007: Neglected tropical diseases (NTDs) are confirmed as a sub-mandate and disabilities are added to the tasks of DAHW as a new focal point.

2010: With respect to rehabilitation measures, DAHW no longer differentiates whether a disability is caused by leprosy or not.

2016: A specialist department for humanitarian aid is established since DAHW is increasingly providing emergency assistance in war and crisis regions. DAHW also becomes a full member of the Alliance Development Works (BEH).

2020: The World Health Organization (WHO) publishes the new roadmap for fighting leprosy and other NTDs. The corona pandemic arrives in DAHW’s project countries and necessitates life-saving emergency relief measures.



Research: DAHW participates in the development of an effective leprosy therapy.



Inclusion: The goal is the full-fledged participation of people with (leprosy-related) disabilities.



Humanitarian aid: DAHW also provides emergency relief over the course of the COVID-19 pandemic.

Photo: Bernd Hartung

Photo: GLRA Ethiopia

Organisational Chart



Photo: Manuel Koch

General assembly

The association had 89 members in July of 2021.

Honorary board

Patrick Georg ((President)
 Maria Hammerschmidt (Vice President)
 Wolfgang J. Schmitt (Chief Financial Officer)
 Dr. Dietmar Klement (Deputy Financial Officer)
 Dr. Reinhardt Mayer (Volunteering Coordinator)

Supervisory board

Jürgen Jakobs (Chairperson)
 Dr Christof Potschka (Deputy Chairperson)
 Prof. Dr. Sibylle Wollenschläger
 Dr. Ralf Klötzer
 Hans-Dieter Greulich

Photo (from the left): W. J. Schmitt, M. Hammerschmidt, P. Miesen, Dr R. Mayer and Dr D. Klement.

Managing Director of DAHW

Burkard Kömm, Jürgen Ehrmann (deputy managing director and special projects until 30.6.2021)

Internal auditing

Birgit Markfelder

Assistant

Elke Herbst-Tilgner

Management of medical-social projects

Laure Almairac

Management of public relations and fundraising

Manuel Koch

Head of administration, information technology, personnel

Nicole Hohmann, Matthias Schröter (deputy managing directors from 1.7.2021)

Assistant

Heike Himmelsbach

External funds acquisition department

Thomas Collein

Planning, monitoring and evaluation department

Juliane Meißner-Matz, head of Asia regional team

Project execution department

Theresia Düring,
 head of Latin America regional team
 (since 1 July 2021)
 Carolin Gunesch
 Ramona Höfer
 Susanne Knoch
 Chantal Menjivar-White
 Sabine Schöll

Humanitarian relief department

Susan Höfner

Medical department

Dr. Sebastian Dietrich,
 head of Latin America regional team
 (until 30. June 2021)
 Dr. Saskia Kreibich, head of East Africa regional team
 and deputy department head

Research department

Dr. Christa Kasang

Social issues department

Sahayarani Antony, head of West Africa regional team
 Susan Höfner

Management of regional offices

Asia Dr Vivek Srivastava
 Latin America: Alberto Rivera
 East Africa: Ahmed Mohammed
 West Africa: Roméo Essou

Further programme or project offices

Establishment as needed.

The full charter of DAHW German Leprosy and Tuberculosis Relief Association can be viewed at www.dahw.de/satzung

Assistant

Sabine Slany

Würzburg office

Birgit Seubert

Volunteering

Sonja Becker
 Beate Gemballa
 Liliya Tenhagen (Münster office)

Education

Judith Aßländer
 Sonja Becker
 Maria Hisch

Fundraising

Sylvia Deppisch
 Sandra Dittrich
 Priscila Franco, team management
 and deputy department head
 Corinna Holzheimer
 Florian Hundhammer
 Friedrich Klußmann
 Stefanie Radtke
 Matthias Schwarz

Kommunikation

Larissa Brodziak
 Jenifer Gabel
 Nina Hottinger
 Judith Mathiasch

Payroll accounting

Birgit Ott

Donation accounting

Simone Ehrenfels
 Elke Sengfelder

Financial accounting

Klaus Czech

Estate and asset management

Nicole Hohmann

Procurement/Facility management

Tobias Willmroth
 Michael Welter

IT

Christoph Appel
 Christian Beyer

Human resources

Maria Döhlen

This organisational chart shows the main tasks of our staff members. However, some employees are responsible for other areas or temporarily take over other tasks if needed including comprehensively across teams and task.

Salary structure 2020

DAHW staff are paid according to the collective agreement for public service (TVöD-VKA) depending on the requirement and training profile as well as according to the level of responsibility from group 6 to group 14. The gross amount increases in stages over the years within the same group as professional experience and seniority are principally taken into account until finally reaching the highest possible amount within the group. Higher classifications may result due to changes and growing responsibilities within the former area of activity.

Gross full-time salaries¹

	From	Until	Employees
Assistants:	2,586 €	3,310 €	6
Specialists:	2,586 €	4,600 €	10
Consultants:	3,074 €	5,292 €	24
Medical experts, department head:	3,635 €	6,355 €	8

6 employees work part-time, 5 employees work in partial retirement models. Remuneration of the CEO is not regulated by collective agreements. In 2018, he received an annual gross salary of 110.663,31 Euro. Members of the supervisory board and honorary board work on a voluntary basis. They do not receive any lump-sum fees, but reimbursement for incurred costs upon request.

Status July 2021

¹ reporting date 31 December 2020

Hermann Kober Foundation



Established in 2007 in remembrance of the co-founder of DAHW

With its first project, the construction of a leprosy hospital in Bisidimo in 1957, DAHW began its worldwide project work and has until today remained rooted in Ethiopia. The Hermann Kober Foundation actively supports this work; in 2020, the foundation once again provided assistance in the amount of EUR 25,000.



Hermann Kober 1985 in Harar. The journalist was the driving force behind the founding and build-up phase of DAHW and had a strong affinity to Ethiopia throughout his life where the work of the Würzburg relief organization began.



Photo: DAHW Ethiopia

As a consequence of corona-related curfews and contact restrictions, residents of former leprosy settlements in Ethiopia also urgently needed support in the form of food aid and hygiene materials.

Finding safe and needs-based accommodations is one of the greatest challenges for people who are affected by leprosy and/or leprosy-related disabilities. The Hermann Kober Foundation already began supporting ten former leprosy patients and their families in Bisidimo/Ethiopia in 2019 by building accommodations for them. However, the implementation of the project was delayed due to the COVID-19 pandemic. Nonetheless, seven houses were completed and occupied by the end of 2020; three houses are to follow in 2021.

Additionally, the foundation, together with the Rotary Club Würzburg funded a generator for the hospital in Bisidimo in order to ensure a fault-free electricity supply and thereby secure the hospital's medical care. 996 leprosy households also received food and hygiene materials during the corona pandemic through the foundation and the DAHW special fund.

The foundation, named after the DAHW co-founder, first treasurer, board member over many years and DAHW president Hermann Kober until his death in 1998, is dedicated to his legacy and secures our work. Basic assets at the time of founding amounted to EUR 1 million. As of 31.12.2020, the total now amounts to EUR 1,319,500 among other things due to endowment contributions. Since its founding, the Hermann Kober Foundation has paid out a total of EUR 347,000 for projects of DAHW and its partner organizations (status 31.12.2020).

— **The Hermann Kober Foundation wants to thank all employees on-site, especially Ahmed Mohammed for the organization and processing of projects in Ethiopia.**

Contact information for the Hermann Kober Foundation

c/o DAHW Deutsche Lepra- und Tuberkulosehilfe e.V.
Raiffeisenstraße 3 | 97080 Würzburg
Telephone: +49 931 7948-0 | Fax: +49 931 7948-160
E-mail: info@dahw.de | www.dahw.de

Bank information: LIGA-Bank Würzburg
IBAN: DE27 7509 0300 0003 0114 88 | BIC: GENODEF1M05

We recommend contacting us before making a donation.
Further detailed information about Hermann Kober and the foundation is available at www.dahw.de/organisation/stiftungen.

Ruth Pfau Foundation



Helping as exemplified by the foundation's name giver

The Ruth Pfau Foundation supported the work of the Marie Adelaide Leprosy Center (MALC) in Karachi/Pakistan and beyond with a donation of EUR 416,000. Dr. Ruth Pfau founded the officially recognised leprosy referral hospital in 1962 and managed it until 2013.



Photo: Sabine Ludwig

On the occasion of the World Leprosy Day 2020, the Ruth Pfau trilogy “Wer keine Tränen in sich trägt...” was shown in Würzburg. Harald Meyer-Porzky, chairperson of the board of the Ruth Pfau Foundation greeted those in attendance.

On the 66th World Leprosy Day on 26th January 2020 when neither lockdowns nor distancing rules due to the COVID-19 threat were foreseeable, the foyer of the Würzburg Central Programme Cinema was filled to capacity. Everyone wanted to see the film depicting the life and work of the leprosy doctor and nun Dr. Ruth Pfau. The trilogy with the title “Wer keine Tränen in sich trägt...”, coherently realised by Professor Martin Gertler, member of the board of the Ruth Pfau Foundation, captivated the audience of the fully occupied cinema for 90 minutes. Subsequently, the film-maker, together with DAHW Managing Director Burkard Kömm answered questions from the audience.

“Ruth Pfau healed over 50,000 people of leprosy and made it possible for hundreds of thousands to live a dignified life,” as the chairperson of the board of the Ruth Pfau Foundation Harald Meyer-Porzky recalls. DAHW founded the foundation in 1996 in order to secure the life's work of its honorary ambassador beyond her death. At the time, the basic assets of the foundation amounted to DM 500,000 (EUR 255.645,94). Since then, its basic assets have continuously increased due to numerous endowment contributions. On the reporting date



Photo: MALC

After the outbreak of the corona pandemic, MALC cared for especially vulnerable people, specifically malnourished mothers and children, of course while complying with stipulated hygiene and safety measures.

31.12.2020, the Ruth Pfau Foundation had nearly EUR 7.6 m at its disposal. In addition to the actual basic assets, the sum includes conditional endowment funds, reserves, other foundation assets and provisions. The annual payouts of the Ruth Pfau Foundation are an important factor for the work of DAHW in Pakistan and Afghanistan as these guarantee the continuation of Dr. Pfau's life's work by her successor Mervyn Lobo and the teams of MALC. They help unconditionally following the example set by Ruth Pfau herself. Even in times of corona.

Contact information for the Ruth Pfau Foundation

c/o DAHW Deutsche Lepra- und Tuberkulosehilfe e.V.
Raiffeisenstraße 3 | 97080 Würzburg
Telephone: +49 931 7948-129 | Fax: +49 931 7948-160
E-mail: ruth-pfau-stiftung@dahw.de
www.ruth-pfau-stiftung.de

Bank information: Commerzbank Würzburg
IBAN: DE98 7908 0052 0307 9697 00
BIC: DRESDEFF790

We recommend contacting us before making a donation.



A challenging year

Report of the chief financial officer



In the financial area as well, DAHW German Leprosy and Tuberculosis Relief Association faced significant challenges in 2020. The pandemic significantly impacted our project expenditures since many measures in the project countries could not be carried out at all or were delayed.

Nonetheless, the financial means utilised in 2020 in the amount of approx. EUR 11.4 million are nearly unchanged compared to the previous year – also due to the special corona fund made available by the board and supervisory board of DAHW with which colleagues on-site were able to implement short-term relief measures in order to support our project beneficiaries. In 2020, approx. EUR 500,000 of additional funds were used; further EUR 500,000 are available for corona interventions in 2021.

Unfortunately, the income from external funds and subsidies receded due to the pandemic to approx. EUR 650,000 since accessing these funds is often coupled with project progress. However, the decrease in funds from external donors was compensated by own funds of DAHW so that project expenditures could be stabilised. As of 31.12.2020 we are happy to report pledges from external donors in the amount of almost EUR 4.6 million. These funds secure a substantial part of the project activities in the near future.

The reserves that we were able to establish over the years, resulting predominantly from inheritances allow us to ensure a smooth process and also financed the majority of the corona special budget in these times of crisis. However, in the area of asset management, severe fluctuations at the stock exchange due to corona are impeding our investments. The situation was already difficult to begin with due to the extension of the zero-interest policy of the European Central Bank (ECB). Positive yields are hard to procure with low-risk securities. The completion of the DAHW construction project in Grafrath and the resulting rental yield has compensated for this circum-

stance. Yields from asset management have even increased overall. These are available without restrictions for the financing of our projects.

Despite the pandemic we were able to keep our running costs stable compared to 2019. Additionally, donations in 2020 remained at an almost unchanged level. The income from inheritances and estates even increased compared to 2019 by approx. EUR 630,000 to approx. 1,860,000. This shows that many donors continue to have tremendous trust in the work of DAHW, even during a global health crisis. As in years prior, the German Central Institute for Social Issues (DZI) has again granted us the DZI donation seal, thereby certifying a purposeful, economic and effective use of funds, meaningful and audited accounting processes as well as clear, open and factual advertising and public relations, effective control and supervisory structures as well as transparency toward the public.



Das Deutsche Zentralinstitut für soziale Fragen (DZI) bescheinigt: **Ihre Spende kommt an!**



Photos: Daniela Schwarz (L.), Judith Mathiasch

From the left: Wolfgang J. Schmitt, honorary chief financial officer and Dr. Dietmar Klement, honorary deputy financial officer



Photo: Thomas Einberger

Balance sheet as of 31 December 2020

Assets	2020		2019	
	€	€	€	€
A. Fixed assets				
I. Intangible assets		82,025.00		6,189.00
II. Tangible assets				
1. Properties, rights equivalent to real property and structures	15,367,327.26		7,457,872.26	
2. Other assets, operating and office equipment	209,309.00		270,095.00	
3. Performed advances and assets under construction	0.00		6,526,036.2	
		15,576,636.26		14,254,003.46
III. Financial assets				
1. Holdings	17,896.22		17,896.22	
2. Securities of the assets	9,335,933.06		11,961,547.70	
3. Other loans	35,790.43		35,790.43	
		9,389,619.17		12,015,234.35
B. Current assets				
I. Inventories		344.12		687.29
II. Accounts receivable and other assets				
1. Trade accounts receivable	4,849,281.76		2,655,075.16	
2. Other assets	1,013,306.61		228,790.89	
		5,862,588.37		2,883,866.05
III. Cash in hand and at bank		8,744,463.55		6,812,276.95
C. Accruals and deferrals		2,523.69		6,038.30
D. Excess of plan assets over post-employment benefit liability		1,945.32		3,164.62
Total assets		39,660,146.02		35,981,460.02
For information purposes: Bank inventories at regional offices		1,057,187.46		1,822,165.03



Photo: Mario Schmitt

Liabilities

	2020		2019	
	€	€	€	€
A. Equity capital				
I. Reserves for charter-related purpose	28,869,859.62		29,378,968.71	
II. Profit/Loss carried forward	0.00		0.00	
III. Net income/loss for the year	-229,183.82		-509,109.09	
Total own funds		28,640,675.80		28,869,859.62
B. Special items from grants and subsidies				
I. Long-term fixed tangible assets		415,000.00		415,000.00
II. Unutilised donations, grants				
Unutilised donations (status 31.12. respectively)				
› Programmes and projects financed with external funds	1,535,225.20		979,913.26	
› Programme and project funds/Association Development Works (BEH)	572,684.93		607,319.42	
› Programmes and projects financed with own funds	34,341.04		87,057.00	
		2,142,251.17		1,674,289.68
C. Conditional donation fund		223,962.02		226,518.47
D. Provisions				
1. Provisions for pension scheme	1,586,655.00		1,501,584.00	
2. Provisions for taxation	0.00		0.00	
3. Other provisions	1,534,399.48		1,247,424.33	
		3,121,054.48		2,749,008.33
E. Liabilities				
1. Trade accounts payable	577,296.77		102,259.03	
2. Other liabilities	4,536,934.97		1,944,524.89	
› of which taxes € 0.00 (previous year € 0.00)				
		5,114,231.74		2,046,783.92
F. Accruals and deferrals				
1. Deferred income and accrued expenses	2,970.81		0.00	
		2,970.81		0.00
Total liabilities		39,660,146.02		35,981,460.02
For information purposes: Funds still to be utilised (programme and project offices abroad)		1,057,187.46		1,822,165.03

Würzburg, 29.03.2021

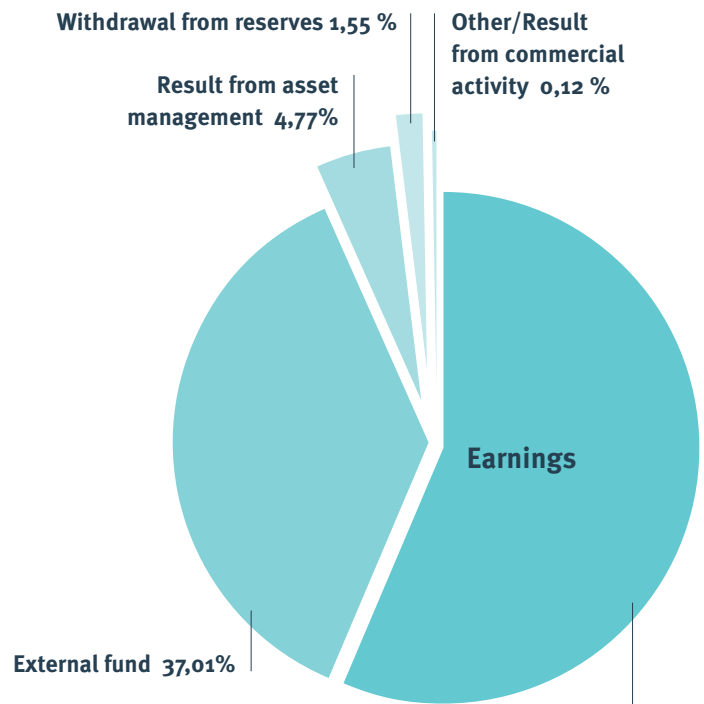
Profit and loss statement for the time from 1 January to 31 December 2020

Income	2020		2019	
	€	%	€	%
Interests and purpose-related operation				
› Monetary donations	6,462,198.09	46.57	6,519,925.73	47.28
› Donations in kind	185.60	0.00	2,154.40	0.02
› Estates (inheritances and legacies)	1,860,273.56	13.4	1,224,929.35	8.88
› Income from fines	58,578.00	0.42	53,981.44	0.39
› Government grants	863,206.02	6.22	1,053,881.21	7.64
› Grants from other organizations (foundations, church organizations, foreign organizations)*	4,621,442.93	33.3	4,886,919.45	35.44
› Other income	12,916.27	0.09	48,147.52	0.35
Total income	13,878,800.47	100.00	13,789,939.10	100.00
Expenditures				
Programmes and projects				
› Africa	-5,313,313.01	35.85	-4,968,562.51	33.36
› Latin America	-533,679.64	3.60	-823,520.76	5.53
› Asia	-2,289,199.45	15.44	-2,192,239.13	14.72
› RED AID programmes and projects	0.00	0.00	-20,449.90	0.14
› Research	-744,643.57	5.02	-956,617.09	6.42
› BEH programmes and projects	-422,643.57	2.85	-594,404.14	3.99
› Transregional projects	-23,001.16	0.16	0.00	0.00
› ILEP cooperations	-32,694.00	0.22	-32,694.00	0.22
› Quality assurance programmes and projects	-260,265.26	1.76	-128,381.10	0.86
› Personnel and material costs for programmes and project support	-1,257,612.41	8.49	-1,161,136.73	7.80
› Charter-related campaign and educational work	-522,421.28	3.53	-613,470.54	4.12
Programme expenditures/Total projects	-11,399,608.25	76.92	-11,491,475.90	77.16
Public relations				
› Funds for advertising and fundraising	-898,959.57	6.07	-853,883.44	5.73
› Personnel and material costs for general public relations	-909,423.35	6.14	-995,456.29	6.68
› Personnel and material costs for external funds acquisition	-588,102.42	3.97	-424,145.13	2.85
Total expenditures public relations	-2,396,485.34	16.18	-2,273,484.86	15.26
Administration				
› Personnel and material costs	-1,023,392.73	6.90	-1,128,253.41	7.58
› Income taxes	0.00	0.00	0.00	0.00
Total expenditures administration	-1,023,392.73	6.90	-1,128,253.41	7.58
Total expenditures	-14,819,486.32	100.00	-14,893,214.17	100.00
Taxable commercial activity				
Income	5,640.97		11,270.60	
Expenditures	-1,207.24		-4,801.60	
Result of taxable commercial activity	4,433.73		6,469.00	
Asset management				
Income				
› Rental and lease income/Sales proceeds	812,644.24		125,274.96	
› Capital gains	464,893.80		712,273.43	
Total income	1,277,538.04		837,548.39	
Expenditures				
› Real estate expenditures	-317,025.35		-107,251.80	
› Expenditures for capital management	-253,444.39		-142,599.62	
Total expenditures	-570,469.74		-249,851.41	
Result of asset management	707,068.30		587,696.98	
Withdrawal of reserves	-229,183.82		-509,109.09	

* The inflow of funds from BEH in the amount of € 439,548,13 (previous year € 577,338,59) are included in this item.
This profit and loss statement was prepared according to the standards of the DZI. Würzburg, 29.03.2021

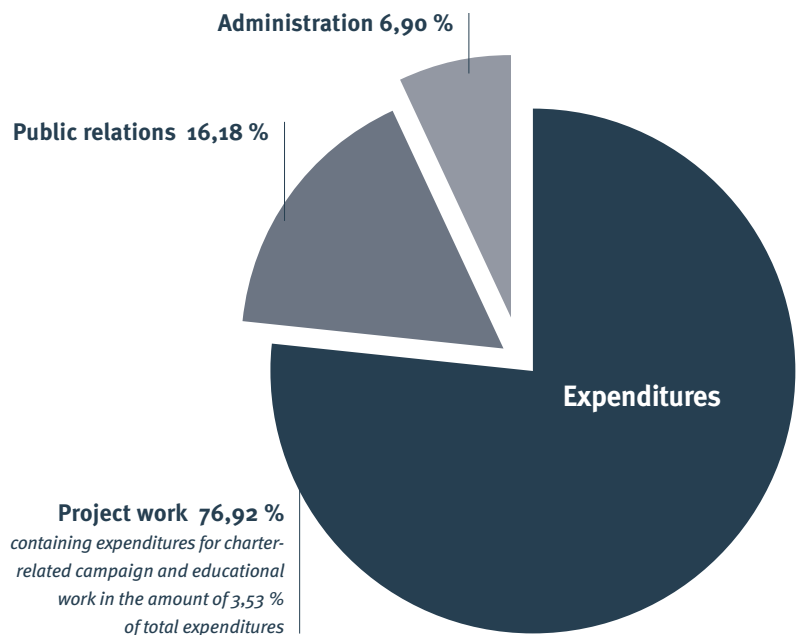


Schematic diagram



Other/Result from commercial activity 0,12 %

containing inheritances and legacies (12,55 %) as well as fines (0,40 %)



containing expenditures for charter-related campaign and educational work in the amount of 3,53 % of total expenditures

Reliable and trustworthy

Quality management at DAHW



Anyone who donates money to save the lives of others rightfully expects that every donated euro actually benefits the people in need. However, qualitative measures can only be ensured through personnel and the use of funds. The ratio of expenditures and benefits must be reasonable.

Trust is presumably the most valuable good of donation-funded relief organizations such as DAHW German Leprosy and Tuberculosis Relief Association. Donors and sponsors of external funds must be able to trust that we use the financial means made available to us in the best possible manner in order to effectively and sustainably support the people in our project regions. The project beneficiaries in turn must trust us and our partners on-site to perform the medical and social work with consideration for the people's individual needs and in a professionally competent manner that does not violate the beneficiaries' dignity and rights. In order to ensure all of this, qualified specialist personnel, functional and modern technological equipment, compre-

hensive guidelines and control instruments (internal and external) as well as professional accounting and administration procedures are a necessity. Moreover, a reputable organization must regularly give account of its project work as well as of all income and expenditures by means of an annual report and via its website. DAHW is wholly committed to satisfy these demands in all areas.

Compliance and complaints management

Our code of conduct and our guidelines – among other things relating to the prevention of corruption, bribery and fraud as well as to the protection of the people involved in our projects from violence, abuse and exploitation –



Photo: Dr. Saskia Kreibich

We have high standards for our work – whether with respect to large-scale, multi-year programmes or specific relief measures such as constructing mobility aids.



Photo: Bernd Hartung

Based on regular analyses we continuously make adjustments in all areas of our organization in order to enhance the efficiency and effectiveness of our work.

provide the working basis for our supervisory bodies as well as for all employees, partners and service providers of DAHW. Everyone is committed to abide by DAHW guidelines and report attempted and actual violations as well as any substantiated suspicions. The respective team and department managers, company management and the compliance body of DAHW can be contacted in regard to such matters. As an external appeal board, an ombudsperson is available who can also be contacted anonymously via mail or e-mail at ombudsman@dahw.de or via the online complaints form at www.dahw.de/beschwerdeformular.

Controlling, risk management and revision

Control of the economic situation is ensured by means of regular budget monitoring (target-actual comparisons) of all responsible parties. Additionally, the DAHW head office in Würzburg as well as our offices and partners abroad are externally audited on an annual basis. In order to not endanger the goals of the organization, DAHW maintains registers in which the risks of various task areas are recorded and evaluated based on their likelihood of occurrence and potential damage. At the same time prevention and countermeasures are initiated. The results of the analysis and the implemented measures are regularly reported to the board and supervisory board. Specially trained, independent and external experts perform regular audits based on risk evaluation in selected regional and programme offices of DAHW or at our partner organizations.

— Further information is available at www.dahw.de/qualitaetsmanagement

DZI donation seal confirms proportionality

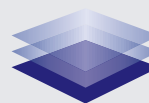
For many years DAHW has applied for and received the donation seal of the German Central Institute for Social Issues (DZI), which confirms the efficient and economical use of the funds of the organization. The share of advertising and administration tasks of annual programme expenditures provides an indicator for the seal. According to the stipulations of the DZI, this also includes educational offers and campaign work when respective activities are part of the charter-related mission of an organization – as is the case for DAHW.

A second indicator for the seal is the so-called rate of advertising expenses, i.e. the share of expenditures allocated for advertising and public relations in proportion to the annual collection income of an organization. This rate ensures that a reasonable amount of collection income is used for these measures. The collection income includes monetary donations and donations in kind, estates and fines but not grants from the public sector or from other organizations. DZI believes that a maximum rate of 30 percent is acceptable for both indicators. For years, DAHW has fulfilled this requirement with respect to both ratios.



DAHW member of the “Transparent Civil Society initiative”

Transparency is important to us. For this reason, DAHW German Leprosy and Tuberculosis Relief Association joined the Transparent Civil Society Initiative (ITZ), which was founded in 2010 by Transparency International Deutschland e. V.: Together with players from civil society and science, the society has defined ten relevant types of information that any transparent civil society should provide to the public. ITZ is the largest civil society transparency initiative in Germany with over 1,100 participating organizations. Further information is available at www.transparency.de.



Initiative
Transparente
Zivilgesellschaft

Donating effectively

Your help is received where it is needed



The unbroken loyalty of our donors and sponsors, without which our world-wide project work would not be possible is based on enormous trust invested in DAHW. It is vital that you are able to trust us, and you can rest assured that your donation is in good hands with us.



Photo: Bernd Hartung

Our comprehensive quality management, the DZI donation seal and a maximum level of transparency ensure that the funds entrusted to us are utilised carefully and responsibly – not least by means of detailed reporting within this annual report.

Transparency for DAHW also means open communication with our donors. Our friendly and helpful employees at the DAHW donation service are happy to answer all your questions in person regarding our projects, our organization and the various donation options. More than that: We are ready to assist you in word and deed if you want

to realise your own creative ideas in order to support the people in our project countries, e.g. by taking advantage of a birthday, an anniversary or a wedding as an occasion to start a donation collection campaign. We will supply you with everything you need: information materials, posters, collection boxes or your own online donation site. Providing maximum security for you is especially important to us. Please do not hesitate to get in touch with us.

–
All contact partners of our donation communication services are available at www.dahw.de/spendenservice

Thank you for your support!



One-time, regular, small and large donations: Every euro counts!

The following donation examples give insight into our work and are also an appeal to actively support us. You can clearly see that we are already able to achieve great things even with small amounts since every contribution is part of the greater whole.



Photo: Bernd Hartung

EUR 30 is the cost of a laboratory examination for a patient with multi drug-resistant tuberculosis (MDR-TB) in Pakistan.



Photo: Sandra Parisi

EUR 70 is needed for an examination (ultrasound, X-ray, ECG) of a patient with Chagas in Bolivia.



Photo: Denis Gadah

EUR 85 is the cost of wound care over more than two months for a person in Togo suffering from Buruli ulcer.



Photo: Sonja Becker

EUR 120 is enough for five water containers (20 l) with integrated spigot as a potable water reservoir for families.



Photo: Fabian Flechter

EUR 240 costs an amputation of extremities in India including follow-up care for a leprosy patient.



Photo: SMTF

EUR 720 is the amount needed for drilling a simple well in a village in Myanmar or a refugee camp.

Please note the following: If we receive more donations than required for the donation examples in this annual report, we will use these funds for other medical and social projects in our project regions.

You can donate simply, quickly and safely at www.dahw.de/spenden or directly via our donations account. Thank you!

Sparkasse Mainfranken Würzburg
IBAN: DE35 7905 0000 0000 0096 96
BIC: BYLADEM1SWU

Almost all programmes and projects of DAHW have a three-year term. Should you decide to regularly support our work, you will also contribute to long-term project security – for the employees at DAHW in Würzburg as well as in the project countries, but most importantly for our project beneficiaries. Thank you on behalf of all affected persons whose health and living situations we aim to improve with your regular donations.

—
Everything you need to know about donations is available at www.dahw.de/faq

Always up to date

News about our work, printed on paper or in digital format



For further information about DAHW German Leprosy and Tuberculosis Relief Association, just fill out the response card, place it in an envelope and send it to us by post. Or simply send an e-mail to info@dahw.de.



Response card: Please provide the following information (subject to withdrawal)

- | | | |
|--|----------------------------------|---|
| <input type="checkbox"/> “Information for our friends and sponsors” (8 x per year) | <input type="checkbox"/> By post | |
| <input type="checkbox"/> DAHW Volunteers’ Magazine “Aktiv” (2 x per year) | <input type="checkbox"/> By post | |
| <input type="checkbox"/> DAHW Annual Report | <input type="checkbox"/> By post | <input type="checkbox"/> By e-mail (as PDF) |
| <input type="checkbox"/> DAHW Annual Report 2021 (and the following) | <input type="checkbox"/> By post | <input type="checkbox"/> By e-mail (as PDF) |
| <input type="checkbox"/> DAHW Newsletter by e-mail (8 x per year) | | |

First name, name

Street, house no.

Postal code, city

E-mail

Telephone (optional)

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You can also subscribe to all information online: send an e-mail to info@dahw.de or navigate to www.dahw.de/information



Data privacy statement

As the responsible party, DAHW Deutsche Lepra- und Tuberkulosehilfe e.V., Raiffeisenstraße 3, D-97080 Würzburg, Germany processes personal data for the purpose and in the best interest of providing information about the goals in accordance with our charter and for fundraising in order to secure the means necessary for their implementation. Section 6 (1) f) of the GDPR is the legal basis. We also store personal data for the purpose of processing donations. Section 6 (1) b) and c) of the GDPR is the legal basis. If you no longer want to receive information about the work of DAHW and also no longer want to receive any more appeals for donations, you can at any time object to the usage of your address in writing or via e-mail (datenschutz@dahw.de) in accordance with Section 21 (2) of the GDPR. We will then no longer process your personal data. Extensive information on data protection at DAHW and the address of our data protection officer are available at www.dahw.de/datenschutz.



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Used symbols:



Project
Planning



Mission/
Task



Vision/
Strategy



Structure



Quality
Management



Project
Region



Network



Donation



Information



Corona



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